

VOLUNTEER APPLICATION/INFORMATION

Site _____ Today's Date _____ Position _____

Name: (Mrs. Miss, Ms., Mr., Dr.) _____

Address _____ City: _____ Zip: _____

Telephone #(s): Home: _____ Work _____ Cell Phone: _____

E-Mail Address: _____ Birthday: Month _____ Day _____ Year _____

Emergency Contact: _____ Relationship: _____

Telephone #: _____ Cell Phone#: _____

Current Employer (if applicable): _____

If Retired, Former Occupation: _____

Volunteer Experience: _____

Volunteer Interests (Please Check):

- | | |
|--|---|
| <input type="checkbox"/> Senior Centers | <input type="checkbox"/> Volunteer Committee |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Volunteer Nurse/Health |
| <input type="checkbox"/> South County Adult Day Services | |

Please check off your skills/interests:

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Tax Preparer |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Group Activities | <input type="checkbox"/> Teaching a Class |
| <input type="checkbox"/> Clerical/Office work | <input type="checkbox"/> Meal Server/Setup | Subject: _____ |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Music | <input type="checkbox"/> Transportation/Driving |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Special Events | <input type="checkbox"/> Other: _____ |

Affiliations:

- | | |
|---|--|
| <input type="checkbox"/> Amer. Assoc. Univ. Women | <input type="checkbox"/> Assistance League |
| <input type="checkbox"/> Aquadettes | <input type="checkbox"/> National Charity League |
| <input type="checkbox"/> Diamond Circle | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Friends of Library | <input type="checkbox"/> Rotary Club |
| <input type="checkbox"/> SC Jr. Women's Club | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hearts of Gold | |
| <input type="checkbox"/> Hikers & Walkers | |
| <input type="checkbox"/> Mission Parish | |
| <input type="checkbox"/> SC Women's Club | |

Days Available:

- Mon. Tues. Wed. Thur. Fri.

Hours Available:

- AM PM Flexible

Please provide two business or personal references (excluding relatives) that we might contact:

Name: _____ Relationship: _____ Telephone #: _____

Name: _____ Relationship: _____ Telephone #: _____

Are you able to perform the essential functions of the position for which you are applying for with reasonable accommodation as necessary? Yes No

If no, please explain: _____

If applicable, are you under any course of treatment/medication which might limit your ability to perform certain types of work such as driving or handling any type of equipment? Yes No

If yes, please explain: _____

Have you ever been convicted, sentenced, placed on probation, pleaded guilty or “no contest” or agreed to deferred adjudication involving a felony? Yes No

Have you ever been convicted, sentenced, placed on probation, pleaded guilty or “no contest” or agreed to deferred adjudication involving any crime related to illegal drugs, theft, fraud or violence (e.g., assault, battery, etc.)? Yes No

Have you recently been arrested for any matters involving a potential felony or crime involving illegal drugs, theft, fraud or violence in which you currently are out on bail or your own recognizance pending trial? Yes No

{Please respond to the following for any job involving driving}

Have you ever been convicted or found guilty of driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

Provide a brief explanation of those matters in which you answered “yes”, except that a “yes” response is not required for any matters which has been sealed, expunged, statutorily eradicated or otherwise cleared from your record. Please include the nature of the offense, the relevant dates, date of parole, probation officer’s name and telephone number, if any, and your current status. A conviction record will not necessarily bar you from volunteering and will be considered as it relates to the position in question.

State details and dates:

Initial here if you have NO convictions _____

Have you ever signed an admission of guilt, paid back, or signed an agreement to pay back a theft? Yes No

If yes, please explain: _____

Do you have a current driver's license? Yes No

Has your driver's license ever been suspended or revoked? Yes No

If Yes, please explain the circumstances: _____

Please list all moving violations in the past five (5) years:

_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location

Are you willing to submit to a criminal background check? Yes No

Current Driver's License # _____ Expiration Date: _____

Proof of Insurance _____ Expiration Date: _____

Proof of Registration _____ Expiration Date: _____

How did you hear about South County Senior Services? _____

Prospective Volunteer's Signature

Date

If the volunteer is under the age of 18, a guardian is required to read and sign the following authorization prior to the start of the minor's volunteer work:

I, _____, give my permission to let _____,
Printed guardian's name Prospective volunteer

who is under the age of 18, volunteer for South County Senior Services.

Guardian's Signature

Date

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING!

CONFIDENTIALITY STATEMENT

I understand that as long as I am acting as a volunteer for South County Senior Services, Inc., a private non-profit human services agency, or any of its related programs, I will not disclose any confidential information given to me by clients to anyone other than designated staff. I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me. I realize that violation of any confidentiality would result in my termination as a volunteer for South County Senior Services, Inc.

Initial _____

HOLD HARMLESS AND RELEASE OF LIABILITY AGREEMENT

I, herein referred to as a Volunteer, have offered to provide volunteer services to South County Senior Services, Inc. I understand and hereby agree to hold South County Senior Services, its Board, employees, and agents, harmless for any loss, damage, or injury sustained by volunteering, from any cause whatsoever, arising out of or in connection with any activity as a Volunteer.

Initial _____

VOLUNTEER AGREEMENT

I, _____, have read and understand the Volunteer Orientation Handbook. I agree to abide by the Policies and Procedures, Code of Responsibility, Code of Ethics, Bill of Rights, and Confidentiality Statement.

It has been explained that I have certain responsibilities as a volunteer and will as such make commitments to the program(s) I am volunteering for. If I am unable to fulfill a commitment, I will notify my supervisor as soon as possible so that a suitable replacement can be found.

I am aware that failure to comply with any of the above policies, procedures, codes, and statements can result in the termination of my services as a volunteer.

Signature of Volunteer

Date

Signature of Supervisor

Date