



VOLUNTEER APPLICATION

Date: _____

First Name: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact Information: (please print clearly)

Name: _____ Relationship: _____
 Address: _____
 City, State, Zip _____
 Home Phone: _____ Cell: _____ Work: _____

Day(s) you are available to volunteer:

of Hours Available

Monday _____ A.M. or _____ P.M.	_____
Tuesday _____ A.M. or _____ P.M.	_____
Wednesday _____ A.M. or _____ P.M.	_____
Thursday _____ A.M. or _____ P.M.	_____
Friday _____ A.M. or _____ P.M.	_____

* Sat ___ Sun ___

**Please note: Weekend volunteering opportunities are limited*

Volunteer Interest (Please Check area of interest)

Senior Centers/Congregate Meal Program ___ Volunteer Committee ___
 Meals on Wheels ___ Meal Server/Kitchen ___

Please check area of interest:

Arts/Crafts ___ Special Events ___
 Clerical Office Work ___ Group Activities/Bingo ___

Do you speak a second language other than English?
 Yes ___ No ___ If yes, indicate language _____

How did you hear about Age Well Senior Services? _____

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

Name: _____ Relationship: _____ Telephone #: _____

Name: _____ Relationship: _____ Telephone #: _____

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 _____

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

If yes, explain: _____

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 data, date of parole, probation officer’s name and telephone number, if any, and your current status.

Do you have a current driver’s license? Yes _____ No _____
Has your drivers’ license ever been suspended or revoked? Yes _____ No _____

Initial here if you have NO convictions _____

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

Confidentiality Statement

In accordance with Age Well Senior Services, Inc., policy, I agree to keep confidential any and all information regarding Age Well Senior Services program participants and clients. This includes, but is not limited to name, address, phone number, donation activity (anything pertaining to donations), medical information, and/or any other information that is in any way identifiable to Age Well Senior Services, Inc., program participants.

Initial _____

Conflict of Interest Disclosure

Please describe below any relationships, transactions, positions, you hold (volunteer or otherwise) or circumstances that you believe could contribute to a conflict of interest between Age Well Senior Services, Inc., and your personal interests, financial or otherwise.

_____ I have no conflict of interest to report

_____ I have the following conflict of interest to report (please specify other nonprofit or for-profit boards you (and your spouse) sit on for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. _____

Hold Harmless and Release of Liability Agreement

While volunteering for Age Well Senior Services, Inc., I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary effort associated with Age Well Senior Services, Inc. including the use of equipment and facilities of Age Well Senior Services, Inc. Further, I agree to indemnify and hold harmless Age Well Senior Services, Inc., the Board of Directors, and their officers, employees and agents from any liability, loss or expenses resulting from any claim or litigation arising from my personal participation in the Volunteer Program.

Initial _____

Elder Abuse

While volunteering for Age Well Senior Services, Inc., I agree to report any reasonable suspicions of elder abuse* of Age Well clients directly to the Site Manager

*Types of abuse may include physical abuse, sexual abuse, neglect by others, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm, pain, or mental suffering. In addition, self-neglect in form of health and safety, malnutrition/dehydration should also be reported.

Initial _____

Guests

(Anyone accompanying a volunteer that has not completed a volunteer application)

I will be held responsible for guest(s) that accompany me and I understand that I will be held responsible for their adherence to the above policies.

Initial _____

Children (anyone under 18 years)

If I choose to take children with me on a Meals-on-Wheels route, I will be responsible for their behavior and their safety.

Initial _____

Pets

No animals are allowed in the car when delivering Meals-on-Wheels.

Initial _____

Volunteer Commitment

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.

Initial _____

I certify that all answers given by me on this application or any other accompanying or required documents are true, accurate and complete. The falsification, misrepresentation or omission of facts will be cause for denial or removal of my volunteer application/status, regardless of when or how discovered. Volunteer Placement is subject to the availability and discretion of the Agency.

Volunteer Applicant Name (Print) _____

Volunteer Applicant Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____
(If volunteer is less than 18 years of age)

Parent/Guardian's Phone _____ Email _____

Volunteer's age if less than 18 years of age _____



VOLUNTEER PROGRAM CODE OF CONDUCT

Thank you for volunteering for Age Well Senior Services, Inc. We could not serve as many seniors without your help. Please read and abide by this Code of Conduct to avoid any situations that comprise the integrity, independence and reputation of Age Well Senior Services, Inc. It is presumed that this Code of Conduct will be in addition to your good judgment since we cannot contemplate all possible situations of actual or potential conflicts of interest. All Age Well Senior Services, Inc., volunteers must adhere to the following:

1. A volunteer may not accept personal gifts or gratuities from a client or participant.
2. Volunteers must maintain the confidentiality and privacy standards of Age Well Senior Services, Inc. A volunteer may not disclose or use confidential information of Age Well Senior Services, Inc., or its clients.
3. Volunteers agree to participate in scheduled training.
4. Volunteers agree to wear appropriate clothes when volunteering and closed toed shoes when working in the kitchen.
5. Volunteers must work in support of their supervisor and abide by program regulations.
6. Age Well Senior Services, Inc., is a smoke free and drug free work environment.
7. Volunteers may be dismissed for reasons related to disrespectful conduct towards seniors or staff.

Volunteer Signature: _____ Date: _____