



## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Site Applied to: \_\_\_\_\_

DOB (M/D/Y): \_\_\_\_\_

Do you belong to any club/committee/organization? Yes  No

If yes, please indicate: \_\_\_\_\_

Are you currently employed? Yes  No

If yes, please indicate: \_\_\_\_\_

Does your employer participate in a volunteer program? Yes  No  Not sure

Are you or the company willing to participate in peer-to-peer campaigns? Yes  No  Not Sure

***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 (Check all that apply)**

Senior Centers/Senior Café Lunch

Volunteer Committee

Activities/Programs

Special Events

Admin Office Work

Social Media/Crowdfunding

Other: \_\_\_\_\_

Do you speak a second language other than English?

Yes  No  If yes, indicate language \_\_\_\_\_

How did you hear about Age Well Senior Services? \_\_\_\_\_

**References:**

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

If yes, explain: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

**Initial here if you have NO convictions \_\_\_\_\_**

Provide a brief explanation of those matters in which you answered “yes”, except that a “yes” response is not required for any matters which have 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

Do you authorize Age Well Senior Services to complete a Volunteer Background Screening? 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. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### **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.

#### **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 **Initial** \_\_\_\_\_

\*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.

#### **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. Exception only for ADA approved service dog.

**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) for which I am volunteering. 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** \_\_\_\_\_

#### **Photo Release**

I do  do not  grant permission to Age Well Senior Services, Inc. to use my photograph in platforms such as Facebook and Instagram and the Age Well website.

**Initial** \_\_\_\_\_

#### **Email**

I do  do not  grant permission to Age Well Senior Services, Inc. to send emails to the email address on file.

**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 distribute/share/disclose/reuse client information, addresses, or contact outside AWSS.
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, volunteers or staff.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_