



VOLUNTEER APPLICATION

DATE : _____

FIRST NAME : _____ **LAST NAME :** _____

DOB (MM/DD/YYYY): _____

Must be to 18 years or older to volunteer without a parent or guardian

ADDRESS : _____ **CITY :** _____ **ZIP :** _____

PHONE : _____ **EMAIL :** _____

EMERGENCY CONTACT

NAME : _____ **RELATIONSHIP :** _____

PHONE : _____ **EMAIL :** _____

VOLUNTEER AREAS OF INTEREST

- Meals on Wheels Driver
- Meals on Wheels Packing & Cleaning
- Lunch Program Dining Room
- Lunch Program Kitchen
- Meals on Wheels Driver
- Friendly Visitor
- Other : _____
- Unsure

WHAT CITIES ARE YOU AVAILABLE TO VOLUNTEER?

- Aliso Viejo
- Irvine
- Laguna Beach
- Dana Point
- Laguna Niguel
- Mission Viejo
- Laguna Hills
- Rancho Santa Margarita
- San Clemente
- San Juan Capistrano
- Trabuco (Irvine)
- Wherever needs most help

CLUBS & EMPLOYMENT

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

If yes, please indicate: _____

Are you currently employed? Yes No

If yes, name of employer: _____

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

AVAILABILITY & SKILLS

SUNDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
MONDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
TUESDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
WEDNESDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
THURSDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
FRIDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
SATURDAY	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

Do you speak a second language other than English? Yes No

If yes, please indicate: _____

MEDICAL & HISTORY

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 or 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 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.

Are you seeking volunteer court-appointed hours?

Yes No

Initial here if you have NO convictions : _____

Do you have a current driver’s license?

Yes No

Has your drivers’ license ever been suspended or revoked?

Yes No

BACKGROUND CHECK REQUIREMENT

In the safe keeping of our seniors and community, a background check is mandatory to be an Age Well Volunteer. Once you complete an application, you will be receiving a separate email from Sterling Volunteers (TheAdvocates@sterlingvolunteers.com) on behalf of Age Well Senior Services to complete the background check online. Age Well is a 501 (C) (3) nonprofit organization. The \$19.00 cost of the background check is covered by Age Well. If you would like to offset any portion of this cost, we greatly appreciate your support. A contribution is not required to be a volunteer. This may be tax deductible, please check with your tax advisor.

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):

POLICIES & PROCEDURES

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 the 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 & MINORS

*(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 dogs.

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.

EMAIL

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

HEALTH & HYGIENE

Please take great care when working with seniors, as it is likely that many have compromised immune systems and are at a much higher risk for COVID-19 and other infectious diseases.

Do not volunteer if you are sick.

If you have symptoms of COVID-19, flu, RSV, or any other illness, please do not volunteer till you are symptom-free. If you are exposed to COVID-19 or must test for any reason, please notify your Site Manager

Masks are optional when entering a seniors' home unless the senior asks you to wear a mask. You MUST wear a mask to enter a home if requested to do so by a senior. Please have a mask with you in the event it is needed.

INITIAL : _____

SECURITY & AWARENESS TRAINING

Security Awareness Training is required annually for all staff and volunteers who handle personal, sensitive, and/or confidential information related to California Department of Aging (CDA) programs. This is accomplished through a review of the CDA Security Awareness Training. Annually, a list of employees and volunteers completing this training is provided to the Office on Aging.

INITIAL : _____

VOLUNTEER DISMISSAL

Age Well Senior Services, in its sole discretion, reserves the right to reassign or dismiss volunteers when such action is in the best interest of the volunteer, Age Well Senior Services, or the client. Reasons for dismissal may include, but are not limited to:

- Refusal to attend orientation or other required training.
- Refusal to give suitable references or disclose past convictions for crimes.
- Missing more than three scheduled visits in six months without proper notice.
- Excessive lateness.
- Disclosure of confidential information.
- The use of alcohol or other inappropriate substances while on a visit.
- Involvement in any illegal activities.

INITIAL : _____

HOLD HARMLESS & 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.

VOLUNTEER SIGNATURE : _____

VOLUNTEER NAME (PRINT) : _____

DATE : _____

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 SIGNATURE : _____

VOLUNTEER NAME (PRINT) : _____

DATE : _____

PARENT/GUARDIAN SIGNATURE : _____
(if volunteer is a minor, under 18)

PARENT/GUARDIAN NAME (PRINT) : _____

DATE : _____

PARENT/GUARDIAN PHONE : _____ **EMAIL :** _____