



Volunteer Information Form

Thank you for taking the time to fill out this application. This information will assist us in making effective placement choices, ensuring a quality volunteer experience.

Name: Ms./Mr./Mrs.	
Address:	
(Street)	(City)
Zip Code:	City or County of Residence:
Home Phone:	Cell Phone:
Work Phone:	FAX:
Email:	Date of Birth:

Experience/Interests:

Current Employer (if applicable):
Work Experience:
Volunteer Experience
Education:

Please check any of the following special skills or interests that you have:

- | | | |
|--|---|---|
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Teaching | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Office skills | <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Interviewing Skills | <input type="checkbox"/> Foreign Language _____ |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Legal Training | Other: _____ |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Medical Training | |

I am interested in volunteering with Senior Connections as a(n): (See pg 3 for program descriptions.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Clerical Assistant | <input type="checkbox"/> Friendship Café Assistant | <input type="checkbox"/> VICAP Volunteer see below |
| <input type="checkbox"/> *Community Relations Volunteer | <input type="checkbox"/> *Money Management | |
| <input type="checkbox"/> Computer Tutor | <input type="checkbox"/> TeleBridges Volunteer | |

(Volunteer assignments occur during business hours, M-F. More flexible hours –indicated by *.)

Whether you want to do clerical work or deliver public presentations, the VICAP COMPASS Team needs your help. Please note: Insurance agents, insurance brokers, and financial planners are not eligible to serve as COMPASS Team members.

- Counselor** : Provides one-on-one assistance navigating Medicare and related health insurance
- Outreach Assistant**: Educates the community about VICAP, Medicare, and health insurance
- Marketer**: Promotes community awareness of VICAP, its services, and volunteer opportunities
- Part D Specialist**: Provides assistance navigating Medicare prescription drug coverage
- Administrative Assistant**: Provides program support, including data entry and clerical duties
- Specialized Counselor**: Provides one-on-one assistance about a specific health insurance topic
- Site Manager**: Provides overall leadership and management for a satellite VICAP site



Volunteer Availability:

I would like to volunteer - # of hours per month _____ Day(s)/hours preferred? _____

Do you have reliable transportation if needed for your volunteer position? _____

Do you have geographic limitations, and if so, what are they? _____

How did you learn about volunteer opportunities at Senior Connections? _____

Why would you like to volunteer for Senior Connections? _____

Optional:

Do you have any medical conditions you would like Senior Connections to be aware of?

Yes No *If yes, please describe:* _____

Do you require any special accommodations? Yes No *If yes, please describe:* _____

Emergency Contact:

In case of an emergency, please contact: _____ Phone: _____

Relationship _____ Email: _____

References:

For references, please list ONE personal and ONE professional- someone who is familiar with your character and/or work with other organizations) Contacts can be Work, Volunteer, Clergy. Please do **NOT** use relatives. A letter will be sent to them from this office, so complete addresses are necessary.

1. (Personal Ref.)

Name:	Phone:
Mailing Address:	City/State/Zip
E-mail:	

2. (Professional Ref.)

Name:	Phone:
Mailing Address:	City/State/Zip
E-mail:	

*(*If you're interested in Money Management, please list a second professional contact.)*

3. (Professional Ref.)

Name:	Phone:
Mailing Address:	City/State/Zip
E-mail:	

I understand that the references listed above will be contacted and that Senior Connections will complete a record check on qualified applicants. I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer. I certify that the information given herein is accurate to the best of my knowledge. I understand that this information will be held in confidence and not released to any other person or agency.

Signature: _____ Date: _____



BECAUSE WE RECEIVE FEDERAL FUNDING FOR OUR VOLUNTEER PROGRAM, THE VIRGINIA DEPARTMENT FOR THE AGING (VDA) REQUESTS WE ASK THE FOLLOWING DEMOGRAPHIC INFORMATION TO VERIFY WE SERVE ALL POPULATIONS EQUALLY. Senior Connections respects your privacy rights. Please provide only the statistical information you wish to release to assist in our compliance with Volunteer Program Service Standards. Contact Shana Beverly at 343-3024, if you have questions.

Gender:	<input type="checkbox"/> Female:	<input type="checkbox"/> Male:		
Race:				
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> White	<input type="checkbox"/> Unknown			
Please Check One:				
If there is <u>one</u> member in your household, is your annual income above <u>10,890</u> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there are <u>two</u> members in your household, is your annual income above <u>\$14,710</u> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there are <u>three</u> members in your household, is your annual income above <u>\$18,530</u> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there <u>four</u> or more members in your household? If yes, how many?				

For office use only:

Application received: _____
Volunteer Assignment: _____
App. Copy to Program Manager: _____

Date interviewed: _____
Starting Date: _____
End Date/Reason: _____

Volunteer Opportunities:

- ◆ **Clerical Assistant**—Assists with office duties including data entry, filing, mailings, and answering phones.
- ◆ ***Community Relations Volunteer**—Greets the public at fairs and community events and provides basic information about Senior Connections’ programs and services.
- ◆ **Computer Tutor:** Provides additional assistance to registered Senior Connection’s computer class students to clarify concepts presented in class.
- ◆ **Friendship Café Assistant**—Assists with activities, programs or meal service at one of Senior Connections’ Friendship Cafés where older adults enjoy lunch, friendship and more.
- ◆ **TeleBridges Volunteer-** Provides friendly reassurance phone calls to seniors 2-5 days per week, by offering a listening ear and an encouraging word.
- ◆ **VICAP (VA Insurance Counseling Assistance Program):** Counsels on Medicare, Medicaid, supplemental and long term care insurance issues. Provide information, assistance and referral services to callers on an information hotline.
- ◆ ***Volunteer Money Management:** An in-home check writing and financial management service for people 60 and over. Most people served by this program are low income or disabled and are having difficulty meeting monthly expenses.

**Any questions? Contact Shana Beverly,
Volunteer Program Coordinator, 804-343-3024**



Nature of Volunteer Service: Senior Connections relies upon volunteers and paid staff to provide assistance to area residents. The scope of responsibilities varies for each volunteer, based on the program chosen. I understand that as a Senior Connections' Volunteer:

- I must submit monthly documentation of my activities to the Volunteer Coordinator.
- Volunteers provide services free of charge to any clients who seek assistance from the program.

Confidentiality/Non-Conflict of Interest: Senior Connections' Volunteers cannot promote private or personal interests as they go about performing the duties described in position descriptions, policies, and program guidelines. To comply with this requirement, I agree to the following:

- I understand that I could have access to certain personal information about my clients, including medical, insurance, financial and other data of a sensitive or confidential nature.
- I agree to keep such information confidential and to use it only to perform my volunteer duties, to the extent that a client explicitly authorizes, or as directed by my Volunteer Program Manager.
- I will not disclose or use confidential or other personal information obtained from a client through my association with Senior Connections for personal gain or the gain of my employer or any other party.
- I agree to respect the confidentiality of my clients and to exercise good faith and integrity in performing my volunteer duties.

Volunteer Agreement: As a volunteer with Senior Connections, the Capital Area Agency on Aging), I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: position descriptions, handbooks, manuals, orientation and training, and other guidance.

Senior Connections is not responsible for any activity that I engage in or any responsibility that I assume other than those specified in the above mentioned program policies and procedures. Any action that I take outside the scope of responsibilities for my position will be taken at my own personal risk. I release Senior Connections, staff, board members, and affiliates from any and all liability or responsibility for any accident or injury.

- I agree to attend initial and update training programs as required.
- I agree to comply with Senior Connections' drug-free workplace requirement and notify my local program coordinator of any drug convictions.
- I understand that Senior Connections is not required to accept all applicants for placement.
- I understand that a breach of this agreement will result in the termination of my service and may subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside the scope of my responsibilities.
- I am aware that my volunteering with Senior Connections could bring me in contact with vulnerable populations. I affirm that I have never been convicted of any criminal offense. I understand that I may be required to submit to a formal criminal background check, and am aware that my name will be checked through the State Police Sex Offenders Registry.

Your signature affirms that you have read, and agree to the statements listed above.

Volunteer's Name: _____

Volunteer's Signature: _____ Date _____



Retired and Senior Volunteer Program

Senior Connections proudly sponsors the **Retired and Senior Volunteer Program (RSVP)**, a national program committed to supporting volunteer initiatives across the country.

- **RSVP** demonstrates the positive impact that mature adults are making in the community.
- Volunteers need only be **55 or older to register**. Once registered, a service record is created that tracks lifetime volunteer achievement across participating organizations.
- Joining **RSVP** does not obligate you to perform any additional hours of service. It simply lets us track your volunteer hours with Senior Connections.
- While in service, all **RSVP** volunteers receive free supplemental accident and liability coverage, an annual recognition event, and a quarterly newsletter, **RSVP Greetings**.
- Senior Connections encourages all new agency volunteers (aged 55 and above) to register with our **RSVP** office. By registering your volunteer service, you help us establish how many mature adults are actively volunteering in the community. This information improves our senior advocacy efforts by documenting volunteer contributions and enhancing the image of aging.
- Registration is easy. Check the box below and a copy of your volunteer information will be provided to our **RSVP** office. Confirmation materials will be mailed to your home.

Yes, I am interested in registering my volunteer service with **RSVP**.