



## 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. Please complete with the same accuracy you would use for an employment application.

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: _____ <small>*Volunteers under 18 must be accompanied by an adult.</small>

### Experience/Interests:

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

**I am interested in volunteering with Senior Connections:** (check as many as you'd like)

**Agency Outreach:** Schedule and deliver presentations promoting community awareness of Senior Connections, client services, and volunteer opportunities.

**Clerical Assistant:** Assists with office duties including data entry, filing, mailings, and answering phones.

**Computer Tutor:** Assist registered Senior Connections' computer class students to clarify concepts presented in class. (Limited availability)

**Friendship Café Volunteer:** Assists with activities and programs at one of Senior Connections' Friendship Cafés where older adults enjoy lunch, friendship and more.

**\*Volunteer Money Management** (Minimum One Year Commitment). 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.

**Background check required.**

**TeleBridges:** (Minimum One Year Commitment preferred). Provides friendly reassurance phone calls to seniors 2-5 days per week, by offering a listening ear and an encouraging word. (Limited availability.)

**VICAP:** (VA Insurance Counseling and Assistance Program) (Minimum One Year Commitment). Counsels on Medicare, Medicaid, supplemental and long term care insurance issues. Provide information, assistance and referral services to callers on an information hotline.

**\*VICAP: +Please note: Insurance agents, employees and brokers, and financial planners are not eligible to serve as VICAP Volunteers. Background check required.**

**Counselor:** Provides one-on-one assistance navigating Medicare and related health insurance.

**Outreach Assistant:** Educates the community about VICAP, Medicare, and health insurance

**Part D MIPPA Specialist:** Helps people navigate Medicare prescription drug coverage in one-on-one or group education sessions. 4 hours a week (with some flexibility) between September 15 & December 15.

**Administrative Assistant:** Provides administrative and program support, including data entry and clerical duties.

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

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

**Volunteer Availability:**

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

Short Term Volunteer Commitment - Less than three months

Long Term Volunteer Commitment - Minimum one year

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? \_\_\_\_\_

(If via the internet, which website?)

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. **\*Incomplete applications will not be accepted.**

**1. (Personal Ref.)**

Name: Ms./Mr./Mrs.	Phone:
Mailing Address:	City/State/Zip
E-mail:	

**2. (Professional Ref.)**

Name: Ms./Mr./Mrs.	Phone:
Mailing Address:	City/State/Zip
E-mail:	

(\*Please list a second professional contact ONLY if you're interested in Money Management.)

**3. (Professional Ref.)**

Name: Ms./Mr./Mrs.	Phone:
Mailing Address:	City/State/Zip
E-mail:	

**Any questions – contact Shana S. Beverly, CVA, Volunteer Program Coordinator, 343-3024, or sbeverly@youraaa.org.**



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 Department for Aging and Rehabilitative Services (DARS) 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.*

<b>Gender:</b>	<input type="checkbox"/> Female:	<input type="checkbox"/> Male:		
<b>Race:</b>				
<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			
<b>Please Check Only One:</b>				
If there is <u>one</u> member in your household, is your annual income above <u>12,140</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>\$16,460</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>\$20,780</u> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there are <u>four</u> members in your household, is your annual income above <u>\$25,100</u> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there five or more members in your household? If so, how many?			<input type="checkbox"/> Yes	_____

For office use only:	
Application received: _____	Date interviewed: _____
Volunteer Assignment: _____	Starting Date: _____
App. Copy to Program Manager: _____	End Date/Reason: _____

Any questions – contact Shana S. Beverly, CVA, Volunteer Program Coordinator, 343-3024, or [sbeverly@youraaa.org](mailto:sbeverly@youraaa.org).



**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.
- I agree not to use any client contact information obtained while volunteering to solicit clients or business for myself or others. Volunteer solicitation of clients is not permitted.

**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.
- Senior Connections (and or RSVP) may use my name and photos for promotional purposes.
- I am aware that my volunteering with Senior Connections could bring me in contact with vulnerable populations.
- 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.
- I affirm that I have never been convicted of any criminal offense.
- If I have a prior conviction, I understand that my application may be subject to additional review before placement as a volunteer.

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

Volunteer's Name: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Any questions – contact Shana S. Beverly, CVA, Volunteer Program Coordinator, 343-3024, or sbeverly@youraaa.org.**