



VOLUNTEER APPLICATION



Name: (Last) _____ (First) _____

Address: _____ City _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Email address: _____ Fax: _____

Are you currently employed: Yes No If yes, Part-time Full-time

Title: _____

Emergency contact Name: _____ Phone: _____ Relationship _____

Emergency contact Name: _____ Phone: _____ Relationship _____

Please list days of week and hours you will be available

<input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____	<p style="text-align: center;">Hours Available</p> <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____
	<p style="text-align: center;">Hours Available</p>

Please answer the following questions. If any answers are yes, please provide detail.

	Yes	No	
1. Do you have a disability which may limit your ability to perform the task for which you are applying?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Have you ever been discharged from a volunteer position?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Have you previously volunteered for LIFE ElderCare?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are you volunteering pursuant to a court ordered community service? Yes No If yes, please explain:

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain:

Fluent Languages other than English: _____ Read Speak Write
_____ Read Speak Write

How did you hear about this opportunity? _____

What is your reason for volunteering? _____

What are your goals for volunteering? (school credit, work experience, etc.) _____

Are you willing to make a minimum commitment of three months? Yes No If not, please state
minimum commitment time: _____

Do you wish to receive the Lavender Seniors e-newsletter? Yes No

Right of refusal: LIFE ElderCare, in its sole discretion, reserves the right to refuse the offer of services of any potential volunteer. Notwithstanding the foregoing, this refusal shall not be based upon any criteria that would violate either California or federal law, including, but not limited to, color, race, religion, national origin, age, sexual orientation or any other protected classification.

Volunteer position is contingent upon successful completion of criminal background check, interview, and required training.

Signature: _____ Date: _____

LIFE ElderCare Staff Use Only

Interviewed by (Staff Signature) _____ Date: _____

VOLUNTEER DRIVER APPLICATION

How long have you been driving in this community? _____

Have you been involved in a car accident in the past 5 years? Yes No

If yes, please explain: _____

Have you received a moving violation traffic ticket in the past 3 years? Yes No

If yes, please explain: _____

Have you ever been convicted of any type of felony involving a vehicle: Yes No

If yes, please explain: _____

Do you have any health problems that may affect your driving? Yes No

If yes, please explain: _____

Do you have any limitations on where you will drive? Yes No

If yes, please explain: _____

Maximum distance you are willing to drive: _____

All volunteers operating vehicles they own (not owned by LIFE ElderCare) on behalf of LIFE ElderCare are responsible and held liable for any physical damage to their vehicle or personal injury resulting from an accident. Please include proof of your current personal auto liability coverage and a copy of your California driver's license with your completed application.

I hereby apply for service as a volunteer driver. I understand and agree to comply with policies and procedures of the LIFE ElderCare's service programs.

I hereby consent to the California Department of Motor Vehicles furnishing any and all information that it has with respect to my driving history, including but not limited to any and all violations of law, to LIFE ElderCare in Fremont, California.

Please Note: LIFE ElderCare is required to keep current information regarding driver's license and insurance coverage on file. Upon expiration of your driver's license and insurance coverage, you will be required to furnish copies of the renewals to your program coordinator.

Volunteer's Signature: _____ Date: _____

LIFE ElderCare Staff Use Only

Interviewed by: _____ Date: _____

Current Driver's License Verified?

Current Liability Insurance Verified?

Volunteer Agreement

1. I understand that LIFE ElderCare has my permission to use my name and photographs of me to promote the organization
2. I will inform LIFE ElderCare staff of any previous injuries that may affect my ability to safely complete volunteer tasks, including lifting.
3. I understand that I must carry my own automobile insurance. I will not hold LIFE ElderCare responsible for any unforeseen injuries or problems that may occur on the job.
4. I understand that if my driver's license is suspended or revoked or I lose automobile insurance for any reason, that I will inform LIFE ElderCare and not drive for any of its programs. I further understand that LIFE ElderCare's general policy will not cover uninsured drivers.
5. I understand I may not initiate or engage in any media/public event pertaining to seniors or the organization without prior approval of LIFE's Executive Director.
6. I understand I have the right to submit a grievance to the Executive Director of LIFE ElderCare if I am not satisfied with the response to the needs of, the interaction with, guidance of, care of seniors within the scope of LIFE's mission.
7. I understand that LIFE ElderCare is a group of volunteers that assists seniors (deliver meals; provide home visits; or drive seniors to medical appointments or shopping) and will not provide any ongoing case management.
8. I will not abuse, neglect, exploit, coerce, manipulate, and retaliate against any senior with whom I have contact.
9. I understand that I am expected to report to office staff any incident, action or circumstance of which I may become aware that may present a threat, endangerment, or poses a current or future impact on the senior.
10. I understand that I may receive personal information regarding a senior on an as needed basis or the senior may choose to disclose information. I understand that this information is confidential, especially addresses and contact information, and that it is not to be disclosed to an outside party in written or verbal form, nor in an electronic communication such as e-mail, or website accessible by the public.
11. I understand all seniors are to be treated with dignity, respect and consideration and are not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability or marital status.

I have read the above and agree to follow these agreements.

Signature: _____ Date: _____
Print Name: _____

CONFIDENTIALITY STATEMENT



All confidential information pertaining to LIFE ElderCare and Lavender Seniors, clients shall be held in absolute privacy and shall not be divulged under any circumstances. This includes all pertinent details of any classification to unauthorized individuals, including information regarding client's name, status, or client's home address.

It is further agreed, not to market or otherwise make public any detail pertaining to the client in such manner as to obscurely identify the client. This is critical to the LIFE ElderCare agency process, and the client category we serve.

Thank you,

LIFE ElderCare

OATH OF CONFIDENTIALITY

I, _____, agree to hold confidential all information pertaining to LIFE ElderCare and Lavender Seniors. program participants. I agree not to remove files from LIFE ElderCare, Inc. premises, nor to divulge any information to any unauthorized individuals regarding client status, or home address. I further agree not to publish or otherwise make public any information regarding LIFE ElderCare/Lavender Seniors participants in such a way as to identify the participants of the LIFE ElderCare or Lavender Seniors programs.

Signature of Volunteer

Date of Signature



VOLUNTEER MANUAL RECEIPT & AGREEMENT OF UNDERSTANDING

I have received the LIFE ElderCare Volunteer Manual. I agree to abide by these provisions. I understand an occasional change with the manual may occur at any time and therefore the Volunteer Manual is not construed as permanent.

I have read and understand the Volunteer Manual.

I agree to the following:

1. To keep this manual within easy reach for reference.
2. To refer to this manual unhesitatingly and whenever it appears necessary.
3. To reread this manual often to strengthen and refresh my memory.
4. To use the manual listed staff telephone number whenever necessary.
5. To ask the LIFE ElderCare's staff if necessary for further clarification of any information within this manual.

Signature of Volunteer

Date of Signature



Permission for Background Check

Be Part of LIFE

I, _____, hereby authorize LIFE ElderCare and/or its agents to make an independent investigation of my background, past employment, driver's records, criminal or police records, including those maintained by both public and private organization, and all public records for the purpose of both confirming the information contained on my Application and/or obtaining other information which may be material to my qualification for work now and, if applicable, during the tenure of my time with LIFE ElderCare.

I release LIFE ElderCare and/or its agents and any persons or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name. All information written in this document by me is true and correct to the best of my knowledge.

_____ _____
 Full Name (Printed) Maiden Name or Other Names Used

1) _____
 Present Address City State Zip

(I have resided here during the following dates _____/_____/_____ -- present)

2) _____
 Previous Address City State Zip

(I have resided here during the following dates _____/_____/_____ -- _____/_____/_____)

3) _____
 Previous Address City State Zip

(I have resided here during the following dates _____/_____/_____ -- _____/_____/_____)

Complete number 3 if you have lived less than 10 years at 1st and 2nd addresses above combined

Date of Birth	Social Security #	Driver's License #	State
_____/_____/_____			

_____ _____
 Signature Date

LIFE ElderCare is an Equal Opportunity Employer, and does not discriminate on the basis of race, color, religion, creed, national origin, age, disability, gender identity, HIV/AIDS status, marital status, parental status, religion, sexual orientation, political beliefs, age or any characteristics, category, or class protected by state or federal law.