



# 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

	Hours Available		Hours Available
Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

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? \_\_\_\_\_
2. Have you ever been discharged from a volunteer position? \_\_\_\_\_
3. Have you previously volunteered for Lavender Seniors? \_\_\_\_\_

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: Lavender Seniors, 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: \_\_\_\_\_

L S Staff Use Only

Interviewed by (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 Lavender Seniors) on behalf of Lavender Seniors 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 Lavender Seniors 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 Lavender Seniors in San Leandro, California.

**Please Note:** Lavender Seniors 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: \_\_\_\_\_

## LS Use Only

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Current Driver's License Verified?  
Current Liability Insurance Verified?

# Volunteer Agreement

1. I understand that Lavender Seniors of the East Bay has my permission to use my name and photographs of me to promote the organization
2. I will inform Lavender Seniors of the East Bay 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 Lavender Seniors of the East Bay 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 Lavender Seniors of the East Bay and not drive for any of its programs. I further understand that Lavender Seniors of the East Bay'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 Lavender Seniors of the East Bay's Board of Directors.
6. I understand I have the right to submit a grievance to the Lavender Seniors of the East Bay if I am not satisfied with the response to the needs of, the interaction with, guidance of, care of seniors within the scope of Lavender Seniors of the East Bay's mission.
7. I understand that Lavender Seniors of the East Bay 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 Lavender Seniors of the East Bay's 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 Lavender Seniors' process, and the client category we serve.

Thank you,

Lavender Seniors of the East Bay

## OATH OF CONFIDENTIALITY

I, \_\_\_\_\_, agree to hold confidential all information pertaining to Lavender Seniors of the East Bay's program participants. I agree not to remove files from Lavender Seniors' 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 Lavender Seniors' participants in such a way as to identify the participants of the Lavender Seniors programs.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date of Signature



**VOLUNTEER MANUAL RECEIPT  
&  
AGREEMENT OF UNDERSTANDING**

I have received the Lavender Seniors 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 Lavender Seniors' staff if necessary for further clarification of any information within this manual.

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Signature of Volunteer

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Date of Signature

## Permission for Background Check

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I, \_\_\_\_\_, hereby authorize Lavender Seniors 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 Lavender Seniors.

I release Lavender Seniors 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

**Lavender Seniors 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.**