



247 Main Street
Salinas, California 93901

VOLUNTEER APPPLICATION

Date _____

Last Name _____ First Name _____ M.I. _____

Birth Date _____ / _____ Spouse/Partner Name _____
Month Day

Address _____ City _____ Zip Code _____

Day Phone (_____) _____ E-mail Address _____

Eve Phone (_____) _____ Employer _____

Education Level Completed _____ Degree(s) _____

Occupation _____ Special Skills/Training _____

Hobbies/Interests _____

Groups, Clubs, Organizational Memberships _____

I have used the services of the Alliance on Aging yes no

How did you hear about the Alliance on Aging? _____

In making your decision to volunteer, what factors did you consider before contacting the Alliance on Aging? _____

Do you have experience, training, qualifications or skills which you feel make you especially suited for volunteer work at the Alliance on Aging? If so, please explain. _____

What do you hope to gain from your volunteer experience? _____

What aspects of a job are important to you? _____

What is your interest in or experience working with older adults? _____

Do you have health limitations about which we should be informed? If yes, please explain.

If you have health limitations, do you require special accommodations to perform a volunteer assignment? (To be discussed during interview) yes no

Have you ever been convicted of a criminal offense (felony or serious misdemeanor?)
 yes no

If yes, state nature of the crime(s), when and where convicted, and disposition of the case. _

(Note: Conviction will not necessarily disqualify an applicant from a volunteer assignment)

If you are currently employed, may we contact your current employer? yes no

Supervisor _____ Phone (____) _____

VOLUNTEER INTERESTS

Public Contact

- Program Development
- Public Speaking
- Community Outreach
- Senior Peer Counseling
- Tax Counseling
- Senior Lunches

- Resource Fair Representative
- Volunteer Recruitment/Recognition
- Ombudsman
- Senior Peer Support
- HICAP (Medicare) Counseling

Office Support

- Data Entry
- Mailings
- Graphics *
- Fundraising

- Receptionist
- Written Translations *
- Special Projects
- Grant Writing *

* May be done at home with occasional office meetings

Hours/Days of Availability (Circle one or more)

- | | | | | | | | | | | | |
|--------------------------|-----------------------|--------------------------|----|--------------------------|----|--------------------------|---|--------------------------|----|--------------------------|---|
| <input type="checkbox"/> | Days | <input type="checkbox"/> | M | <input type="checkbox"/> | T | <input type="checkbox"/> | W | <input type="checkbox"/> | Th | <input type="checkbox"/> | F |
| <input type="checkbox"/> | Weekends (occasional) | <input type="checkbox"/> | Sa | <input type="checkbox"/> | Su | | | | | | |

How many hours can you devote to a volunteer assignment?

Per Week Per Month

At which location(s) would you prefer to volunteer?

- Main St. Office (*Salinas*)
- Dickman Office (*Monterey*)
- Spirals Shop (*Pacific Grove*)

Willing to make a commitment of: 1 day 3 months 6 months 1 year more

The Alliance on Aging is undergoing an intensive outreach effort to ensure that people of all ethnic and cultural communities in Monterey County are served. We value your contribution and appreciate your assistance by providing this information.

WHAT IS YOUR ETHNIC GROUP(S)?

- | | | | |
|--------------------------|------------------|--------------------------|------------------------|
| <input type="checkbox"/> | American Indian | <input type="checkbox"/> | Asian/Pacific Islander |
| <input type="checkbox"/> | African American | <input type="checkbox"/> | Caucasian/White |
| <input type="checkbox"/> | Latino/Latina | <input type="checkbox"/> | Decline to state |
| <input type="checkbox"/> | Other (describe) | | |

What is your first language? _____

What other languages do you speak? _____

EMERGENCY CONTACT

Person to contact in case of emergency _____

Relationship _____

Day Phone (_____) _____ Evening Phone (_____) _____

Please list three professional and/or personal (not including relatives) references with complete address and phone number below. References remain confidential.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER CONFIDENTIALITY POLICY

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single member of staff, volunteer, client or other person or involves the overall business of the Alliance on Aging. I understand that any privileged information I gather at the Alliance on Aging in the course of my volunteer work will be treated in the strictest confidence.

VOLUNTEER CONFLICT OF INTEREST POLICY

The Alliance on Aging believes that older adults, their families, and volunteers should be the driving force behind the organization. The agency's first priority is the well being of seniors and their families.

To assume a volunteer position at the Alliance on Aging, an individual must meet the requirements for that specific volunteer position. Because some volunteer positions involve extensive interaction with clients and their families at times when they are very vulnerable, it is our desire to provide them with objective information and referral.⁸⁵

The Alliance on Aging's use of volunteers does not in any way endorse the volunteer's place of employment, personal business or personal interest. In order to preserve the spirit of this policy, we ask that any volunteer whose place of employment, personal experience or business that provides health care, social service, respite or other services to seniors or their family members refrain from:

- using his/her involvement as a volunteer when formally or informally marketing their services to potential clients.
- soliciting clients through any phone/personal interactions or at any support or education program sponsored by the Alliance on Aging.
- distributing marketing materials at any event or education program including business cards, brochures, magnets, pens, etc.
- utilizing names of participants of any event or program sponsored by the Alliance on Aging, outside of that event or program, for the purpose of marketing themselves or their place of employment.

I have read the above stated Confidentiality Policy and Conflict of Interest Policy and agree to adhere to the policy guidelines required to be an Alliance on Aging volunteer.

It is incumbent upon the Alliance on Aging to provide an evaluation of a volunteer's service and assignment of volunteer activities when appropriate.

I also understand that in order to volunteer, I may be expected to participate in an orientation and/or training meetings as required. As a volunteer I have also been made aware the Alliance on Aging strives to maintain an environment comfortable for all. As a courtesy to colleagues and our clients, all staff and volunteers are requested to refrain from wearing and using scented products in the office.

Volunteer Signature Date _____

Program Manager Date _____

FOR AGENCY USE ONLY
Staff Action

Volunteer interviewed by _____ Date _____

Application forwarded to _____ Date _____
Staff Name

Job Assignment _____

Reports to _____ Ext. _____
Staff Name