



247 Main Street  
Salinas, CA 93901

## Volunteer Application

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Birth Date \_\_\_\_\_ Spouse / Partner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Email 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 the nature of the crime (s), when & 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 Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

# Volunteer Interests

## Public Contact

- |   |   |
|---|---|
| <input type="checkbox"/> Senior Peer Counseling | <input type="checkbox"/> Resource Fair Representative |
| <input type="checkbox"/> Tax Consulting         | <input type="checkbox"/> Volunteer Recruitment        |
| <input type="checkbox"/> Senior Lunches         | <input type="checkbox"/> Ombudsman                    |
| <input type="checkbox"/> Senior Peer Support    | <input type="checkbox"/> HICAP (Medicare) Counseling  |

## Office Support

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Data Entry  | <input type="checkbox"/> Receptionist          |
| <input type="checkbox"/> Mailings    | <input type="checkbox"/> Written Translations* |
| <input type="checkbox"/> Graphics*   | <input type="checkbox"/> Special Projects      |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing*        |

*\*May be done at home with occasional office meetings*

Hours/Days of Availability (*Circle one or More*)

Days                                M    T    W    Th    F

Weekends                                Sa

How many hours can you devote to a volunteer assignment?

Per Week                                 Per Month

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

Main Street/The HUB(Salinas)     Dickman Office (Monterey)

Spirals-by-the-Arch (Salinas)     Spirals (Pacific Grove)

Willing to make a commitment of:  1 Day     3Months     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? \_\_\_\_\_

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## **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 of 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 wellbeing 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.

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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager

\_\_\_\_\_  
Date

**For Agency Use Only  
Staff Action**

Volunteer Interviewed by \_\_\_\_\_

Date \_\_\_\_\_

Application forwarded to \_\_\_\_\_

Date \_\_\_\_\_

Job Assignment \_\_\_\_\_

Reports to \_\_\_\_\_ Ext. \_\_\_\_\_  
*Staff Name*