



**VOLUNTEER APPLICATION**

Questions? Call Volunteer Services 404-488-6167  
Fax completed form to: 770-455-8157 or Email to [aglass@seniorconnectionsatl.org](mailto:aglass@seniorconnectionsatl.org)  
Mail to 5238 Peachtree Road, Atlanta, GA 30341

**NOTE: Information provided within this Volunteer Application remains confidential to Senior Connections.**

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_ Nickname \_\_\_\_\_

Address: Street # and Name: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ Preferred Method of Contact \_\_\_\_\_

Employer \_\_\_\_\_  
Facility/Location/Department

Does your employer offer a volunteer matching/incentive program? (No / Yes) \_\_\_\_\_  
(If yes please provide contact person or department)

Are you representing a company, group or club? Name? \_\_\_\_\_

Could you help arrange a presentation at your work or social group about Senior Connections? Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you completing community service?** No \_\_\_\_ Yes \_\_\_\_ Hours Needed \_\_\_\_\_ Due By \_\_\_\_\_

Have you ever been convicted of a sex crime, drug crime or crime of violence? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

How did you hear about Senior Connections? \_\_\_\_\_

Senior Connections encourages persons with disabilities to perform volunteer work. Are there any physical or structural accommodations that would be necessary for you to perform your volunteer duties? Yes \_\_\_\_ No \_\_\_\_

OPTIONAL (*helps with funding*) Gender: Male \_\_\_\_ Female \_\_\_\_ Race: \_\_\_\_\_ Veteran? \_\_\_\_

Age: 18 - 35 \_\_\_\_ 36 -55 \_\_\_\_ 55 and older \_\_\_\_ Languages? \_\_\_\_\_

Other Skills? \_\_\_\_\_

**FOR OFFICE USE ONLY**

ORIENTATION COMPLETED \_\_\_\_\_ BKG SCREEN ORDERED \_\_\_\_\_ BKG COMPLETED \_\_\_\_\_

ENTERED C/E \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_ ENTERED E/TAP \_\_\_\_\_

**HOW WOULD YOU LIKE TO VOLUNTEER?**

**MEALS** – Monday through Friday we need drivers to drive routes on a scheduled basis and to serve as emergency fill-in on short notice. We need volunteers to help pack meals in the kitchen Monday-Friday. We also need drivers on Saturday.

**CENTERS** – We need help from time to time in our senior centers either, with serving food, manning phones, coordinating activities or, if trained and approved for the curriculum, offering a class to seniors. Our center locations are currently: North DeKalb; South DeKalb; Lithonia and DeKalb-Atlanta..

**OTHER** – We use volunteers on a less-scheduled basis to help with: fundraising events (May and November dates, help before and after); making thank-you and survey calls. These assignments do not work well for community service volunteers as the hours are spread out over a greater timeframe.

<input type="checkbox"/> MEALS ON WHEELS – DELIVERY	<input type="checkbox"/> SENIOR CENTERS
<input type="checkbox"/> MOW DELIVERY – EMERGENCY	<input type="checkbox"/> RECEPTIONIST (Chamblee)
<input type="checkbox"/> MOW – MEAL PACKING & KITCHEN WORK AT CHAMBLEE	<input type="checkbox"/> WHERE EVER YOU NEED ME!
<input type="checkbox"/> MOW – SATURDAY DELIVERY	Meal Pick Up Location: <input type="checkbox"/> Chamblee <input type="checkbox"/> Decatur

Preference: Day(s) of the Week:    \_\_\_ MON    \_\_\_ TUES    \_\_\_ WED    \_\_\_ THU    \_\_\_ FRI    \_\_\_ SAT    \_\_\_ ANY

Week(s) of the Month:    \_\_\_ 1<sup>st</sup> week    \_\_\_ 2<sup>nd</sup> week    \_\_\_ 3<sup>rd</sup> week    \_\_\_ 4<sup>th</sup> week    \_\_\_ 5<sup>th</sup> week    \_\_\_ any week

Are you available on short notice?    \_\_\_ Yes    \_\_\_ No

*For the safety of our participants, prospective volunteers must pass a criminal history check before they can be accepted into the program.*

**Volunteer Authorization and Acceptance**

I am hereby providing Senior Connections my Social Security Number and date of birth for the purposes of completing a criminal history record search and/or driver history records search pertaining to me which may be in the files of any state or local criminal justice agency.

The personal information is provided with full knowledge and understanding that it will only be used for the official use of Senior Connections and to be deleted upon completion of this report. Should there be any question as to validity of this release, you may contact me.

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Authorized: \_\_\_\_\_

**Notice of Privacy Practices**

Senior Connections and its agents, including volunteers, are required by law and ethical considerations to preserve and maintain the privacy of those receiving its services. This includes, but is not limited to, identity, identifying information and health information. Failure to abide by this regulation can result in fines up to \$10,000 and imprisonment under the U.S. Government HIPPA Regulations Act of 1996.

**Release of Liability**

In consideration of being accepted as a volunteer for Senior Connections, and with knowledge that I will be working, directly and indirectly, in a volunteer capacity for Senior Connections involving various duties; I recognize fully that my presence and activity as a volunteer may involve some element of risk. I understand and agree to the condition that as a volunteer driver I am expected to maintain my own liability insurance for the duration of my service to Senior Connections.

I, the undersigned, do hereby waive and release any and all rights or claims of any kind or nature of myself, and those of my heirs or assigns, which may exist or accrue in the future of Senior Connections, its various departments, its personnel, employees, officers, staff, or agents, because of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Senior Connections.

I understand that as a volunteer I am in no sense an employee of Senior Connections, and that I am not entitled to benefits or worker's compensation benefits from Senior Connections, which may accrue to its employee. I further understand that I am not entitled to any vested rights to which an employee of Senior Connections may be entitled.

I acknowledge and understand that I am only to perform such functions as specifically directed by the departmental representative to which I am assigned.

By signing this release I hereby accept the policies above and authorize Senior Connections to make any such inquiry as may be necessary to determine my eligibility for volunteer services.

Signature of Volunteer _____	Date release signed: _____
Print Volunteer Name _____	
<u>If the volunteer is under 18 years of age, the signature of a parent or guardian is required:</u>	
Parent's signature _____	Date release signed: _____

**MEALS ON WHEELS DRIVERS ONLY:**

We are required to have the following information on all volunteer drivers. Please be prepared to provide a copy of each.

License State \_\_\_\_\_ License # \_\_\_\_\_ Expires \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Expires \_\_\_\_\_