



GROUP OR FAMILY VOLUNTEER APPLICATION

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

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

Date: _____

ORGANIZATION or FAMILY Name _____

ADDRESS _____
Street City Zip

GROUP AND FAMILY APPLICANTS:

Primary Contact _____ 2nd Contact _____

Primary Cont. Phone _____ 2nd Contact Phone _____

Primary Alt Phone _____ 2nd Contact Alt Phone _____

Email (Primary's) _____

Email (Alternate's) _____

How did you hear about Senior Connections? _____

GROUP ONLY: Department or Affiliation w/in Org: _____

Typical size of vol. group _____ Average age: _____ Are you willing to split up to volunteer? Yes

Does your company require background checks for all its employees before hiring? Yes No

- SERVICE INTEREST:** Day of caring (once or twice a year, not routine, like to stay together as group)
 Routine volunteering, either Weekly Monthly Quarterly
 Drive Routes Work in kitchen Kitchen and routes

Special Interest area: _____

Senior Connections encourages persons with disabilities to perform volunteer work. Are there any physical or structural accommodations within your group? Yes ___ No ___ Explain _____

FOR OFFICE USE ONLY

PHONE INTERVIEW _____ BKG SCREEN ORDERED _____ BKG COMPLETED _____

ASSIGNMENT _____ ENTERED C/E _____ ORIENTATION COMPLETED _____



FAMILY ONLY Number in family unit: Adults: ____ Children 12 to 18 ____ Children Under 12 ____

As a family unit, one adult must receive background check; if both parents will work separately from time to time, then both parents must be screened. Yes, please do both of us No only _____.

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For the safety of our participants, prospective adult volunteers must pass a criminal history check before they can be accepted into the program. If a child between 16 and 18 wishes to volunteer alone, please include SS# on line 3 below. Children under the age of 16 can only volunteer in the company of a parent or guardian.

ADULTS IN FAMILY:

First: _____ Last _____ Social Security # _____ Date of Birth _____

(1) _____

(2) _____

(3) _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Senior Connections encourages persons with disabilities to perform volunteer work. Are there any physical or structural accommodations within your family? Yes ___ No___ Explain _____

Volunteer Authorization and Acceptance

I am hereby provide 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 destroyed upon completion of a this report. Should there be any question as to validity of this release, you may contact me.

(1) Name _____ Date Authorized: _____

(2) Name _____ Date Authorized: _____

Name (Child, 16-18) _____ Date Authorized _____

GROUPS AND FAMILIES:

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

Do you have a valid driver's license? Yes _____ State _____ Our group will provide _____

Do you have current insurance? Yes _____ State _____ Our group will provide _____

WHICH OF THE THESE PROGRAMS ARE YOU INTERESTED IN PARTICIPATING?

<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: ___ 1st week ___ 2nd week ___ 3rd week ___ 4th week ___ 5th week ___ Any week

Are you available on short notice? ___ Yes ___ No

Families' Release of Liability
(Groups will be asked to sign onsite when volunteering)

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 _____ Signature of Volunteer _____

Print Name _____ Print Name _____

Date Signed _____ Date Signed _____

If the volunteer is under 18 years of age, the signature of a parent or guardian is required:

Parent's signature _____ Date signed: _____

EMERGENCY CONTACT INFORMATION

Required: In case of emergency please contact:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE/CELL NUMBER: _____ ALT. PHONE: _____

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.

Thank you for wanting to volunteer with Senior Connections. We will process your application and schedule you for an orientation. Upon completion of the background check and orientation, we can provide you with a volunteer assignment.