



# The Senior Connection

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## Shopper's Program Volunteer Application

Title	First Name	M.I.	Last Name	
Address		City	State	Zip Code
Home Phone	Work Phone	Cell Phone	E-Mail Address	
Occupation (if retired, please state last occupation)		Where may we contact you during the day?		
Foreign languages you speak and understand well (including sign language):				
How did you hear about The Senior Connection's shopping program?				
Why do you want to volunteer?				
What previous volunteer experience do you have?				

### SERVICES YOU ARE WILLING TO PROVIDE

(Please mark all areas of interest to you)

#### Direct Assistance

<input type="checkbox"/>	Escort and provide assistance to a senior going to the grocery store
<input type="checkbox"/>	Go to the grocery store for someone who is homebound

**PREFERRED TIME COMMITMENT**

Every week \_\_\_\_\_ Every other week \_\_\_\_\_

**PREFERRED AVAILABILITY**

	Morning				Afternoon			Specify Time
	8 -10	9 - 11	10 - 12		12 - 2	1 - 3	2 - 4	
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

I am in good health and able to lift grocery bags. Yes \_\_\_\_\_ No \_\_\_\_\_  
I have the ability to lend physical support to the individual I am assigned. Yes \_\_\_\_\_ No \_\_\_\_\_  
If no to either of these questions, please explain how you feel you can help.  
(use back of this form if additional space is needed)

**REFERENCES**

The Senior Connection does conduct reference checks. Please provide three personal references (non-relative) with address and phone number. Providing these references grant The Senior Connection permission to check with these references.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street \_\_\_\_\_  
City State Zip Code \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street \_\_\_\_\_  
City State Zip Code \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street \_\_\_\_\_  
City State Zip Code \_\_\_\_\_ E-Mail: \_\_\_\_\_

For office use:

Reference Check Date: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ Start Date \_\_\_\_\_  
Entry Date \_\_\_\_\_

## PERSONAL DATA

If you choose to volunteer with the Senior Connection, please provide us with the information requested on this page. Note that this information will be kept confidential and will be used only for statistical reports, volunteer screening or in the case of an emergency involving you as a volunteer with The Senior Connection. If you have any reservations about providing this information, please contact Ms. Sue Dollins of The Senior Connection.

<b>Printed Name</b>	<b>First</b> _____ <b>MI</b> _____ <b>Last</b> _____	
<b>Date of Birth</b>	<b>Month/date/year</b> _____	<b>Gender Male</b> __ <b>Female</b> __
<b>Ethnicity</b>	<b>Self Identified as:</b> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/Not Hispanic <input type="checkbox"/> White/Not Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other <input type="checkbox"/> _____	<b>While this question is optional, it is important to our funders that we have demographic information in order to show that we serve all populations.</b>
<b>Religious Affiliation</b>		<b>This question is optional</b>
<b>Name of congregation/ City and State of congregation</b>		<b>This question is optional. If you wish to be on a congregational volunteer team, please state the name of your congregation.</b>  <b>May we report your volunteer hours to your congregation?</b> Yes _____ No _____
<b>Auto Insurance (for driver volunteers)</b>	<b>Please copy the front page of you insurance policy and mail it to us, along with a copy of your driver's license and this application.</b>	<b>As you renew your policy, please send us an update for our files.</b>
<b>Contact in case of emergency</b>	Name: _____  Address: _____  E-mail: _____	Relationship: _____  Phone(s): _____ (Cell) _____ (H) _____ (W) _____ (if allowable)
<p><b>In an effort to assure your safety and the safety of those we serve, The Senior Connection requires that you agree to complete a background check prior to volunteering.</b></p> <p><b>Signature authorizing the background check</b></p> <p>_____ <b>Date:</b> _____</p>		