

The Senior Connection welcomes volunteers in many capacities. Without the support of volunteers, we would be unable to continue to be the leading organization providing free services to seniors in Montgomery County. The information we collect is for statistical and reporting purposes only and will be kept strictly confidential. Thank you for your interest in volunteering!

ABOUT YOU

First Name	Middle Initial	Last Name
Date of Birth (MM/DD/YYYY)	Email Address that you check regularly	
Street Address		
City	State	Zip
Best Phone to reach you	Work Phone	Cell
Occupation (if retired, please state last occupation)		
Languages other than English that you speak and understand well (including sign language):		

How did you hear about The Senior Connection?
Why do you want to volunteer?
List previous volunteer experience.

INSURANCE/DRIVER INFO (driver agrees to maintain and keep their vehicle in proper working order and condition)

Driver License State	Driver License #	
Auto Insurance Company	Policy Number	Policy Expiration Date

DEMOGRAPHICS – this information is optional, but is used in grant reporting and county statistics.

Self-Identified as:

<input type="checkbox"/> 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		

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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EMERGENCY CONTACT INFO

First/Last Name	Relationship	
Street Address		
City	State	Zip
Best Phone	Email	

VOLUNTEER SERVICES YOU ARE WILLING TO PROVIDE (Please select all areas of interest to you)

- | | |
|--|--|
| <input type="checkbox"/> Escorted Transportation for non-emergency medical appointments, shopping, social and religious activities | <input type="checkbox"/> Call Center Volunteer/Office Administration |
| <input type="checkbox"/> Grocery Shopping (grocery shopping from a list prepared by the care receiver, putting groceries away in the home) | |

YOUR AVAILABILITY (select the best time(s) you would be available to volunteer)

	MORNINGS (9-12)	AFTERNOONS (12-4)	EVENINGS (5-8)
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREFERRED FREQUENCY WEEKLY BI-WEEKLY MONLTHY AS NEEDED OTHER (SPECIFY) _____

REFERENCES

The Senior Connection conducts routine reference checks on every volunteer. Please provide two personal references (non-relative) with address and phone number. By providing these references, you grant The Senior Connection permission to check with these references.

First/Last Name	Relationship	OFFICE USE
Street Address	_/_/_	
City	State	Zip
Home Phone	Email	Check Date
First/Last Name	Relationship	OFFICE USE
Street Address	_/_/_	
City	State	Zip
Home Phone	Email	Check Date

VOLUNTEER AGREEMENT

I hereby certify that all information I have supplied in this volunteer application is true, complete, and accurate. I understand that by submitting this application, I authorize inquiries to be made concerning my suitability as a volunteer and that this application is not a guarantee that I will be accepted as a volunteer with The Senior Connection. I also give permission for criminal background, three year MVA driving record check and other checks, if applicable. Further, I acknowledge that participation in any Senior Connection program as a volunteer does not constitute employment with The Senior Connection and that I am not covered by any type of Workers' Compensation program while performing duties associated with volunteering. I understand that The Senior Connection does not unlawfully discriminate in employment or volunteer appointments and no question on this application is used for the purpose of limiting or excusing any applicant from consideration on a basis prohibited by applicable local, state, or federal law. I agree to comply with and be bound by the agency's safety and health rules and regulations, rules of conduct, and any other policy and/or rule or procedure set forth by the organization.

 Volunteer Signature

 Date

 Print Name

The Senior Connection Volunteer Waiver of Liability

In consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them: I will abide by the mission, rules, regulations, policies and programs of The Senior Connection, (hereinafter referred to as THE SENIOR CONNECTION) while I am a volunteer.

I fully understand the nature of the volunteer activities that I will be performing on behalf of THE SENIOR CONNECTION and hereby confirm that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and promise that if at any time I believe conditions associated with such activities are unsafe, I will immediately discontinue further participation in such activities and will advise THE SENIOR CONNECTION of the perceived unsafe conditions.

I assume all risks in connection with my volunteer work for THE SENIOR CONNECTION. I acknowledge and agree that THE SENIOR CONNECTION, its directors and officers, its volunteers or any of its representatives, are not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses which I might suffer or sustain in connection to the performance of my volunteer activities for THE SENIOR CONNECTION.

On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless THE SENIOR CONNECTION and its directors, officers, employees, volunteers and agents from any claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer work for THE SENIOR CONNECTION.

I will indemnify, defend and hold THE SENIOR CONNECTION harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses sustained by any animal or any person in connection with my participation in THE SENIOR CONNECTION activities, including but not limited to my intentional misconduct or grossly negligent performance of volunteer activities for THE SENIOR CONNECTION, or my breach of THE SENIOR CONNECTION rules, regulations, policies and programs.

If I suspend volunteer activities, or upon request, I will promptly return all THE SENIOR CONNECTION supplies, equipment, records, moneys and other items in good, clean, serviceable condition. I acknowledge and agree that THE SENIOR CONNECTION shall have the right to terminate my involvement with THE SENIOR CONNECTION at any time with or without prior notice. Any modification to this Agreement must be in writing and signed by both parties. This Agreement is binding upon THE SENIOR CONNECTION, THE SENIOR CONNECTION representatives, me and my respective heirs, successors, assigns, executors and personal representatives.

Photography Release: I grant and convey to THE SENIOR CONNECTION all right, title and interest in any and all photographic images in which I appear including video or audio recordings, made by THE SENIOR CONNECTION or others on THE SENIOR CONNECTION's behalf during my volunteering or work for THE SENIOR CONNECTION, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Maryland, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Maryland. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I agree to all the terms stated above. I will abide by them and not dispute or take issue with them in any way.

Volunteer Signature

Date:

The Senior Connection Confidentiality Agreement

All information concerning clients, former clients, our staff, volunteers, and financial data, and business records of The Senior Connection is confidential. "Confidential" means that you are free to talk about The Senior Connection and about your program and your position, but you are not permitted to disclose clients' names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The board of directors, staff and our clients rely on paid and volunteer staff to conform to this rule of confidentiality.

The Senior Connection expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. General information, policy statements or statistical material that is not identified with any individual or family is not classified as confidential. Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers, in addition to clients.

Failure to maintain confidentiality may result in termination of your employment, or other corrective action. This policy is intended to protect you as well as The Senior Connection because in extreme cases, violations of this policy also may result in personal liability.

Rationale

Confidentiality is the preservation of privileged information. By necessity personal and private information is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the applicant or client; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about individual clients through an assignment is confidential in terms of the law, and disclosure could make you legally liable. Disclosure could also damage your relationship with the client and make it difficult to help the person.

Before you begin your assignment as a staff member/volunteer, you should be aware of the laws and penalties for breaching confidentiality. Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could result in the agency's refusal to support you in the event of legal action. Violation of the state statutes regarding confidentiality of records is punishable upon conviction by fines or by imprisonment or by both.

Certification

I have read The Senior Connection's policy on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with The Senior Connection.

Signature _____

Printed Name _____

Date _____