

SOUTHWESTERN VERMONT COUNCIL ON AGING

Volunteer Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address (if different from mailing address): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Current Employer: _____

Email address: _____ Check here if you do not check email regularly

Birthdate: _____

Emergency Contact: _____

Telephone Number(s): _____

I, _____, verify that I have a valid driver's license and the vehicle I will use for service is and will be insured at the Vermont State minimum for auto liability insurance.

Have you had a criminal conviction in the past seven years? _____ If so, please explain _____

Volunteer Confidentiality Agreement

It is important that SCVOA volunteers respect the privacy of the clients they serve. While serving clients, volunteers often learn a great deal about clients' health, families, finances, attitudes, and personal lives. You may discuss what you do as a volunteer for our agency. However, it is not appropriate to reveal any sort of identifying information about clients. This includes answering questions about whether or not you work with a specific person. You may also have access to information about other volunteers and SVCOA staff. Any confidential information that you receive as a volunteer should be used for SVCOA purposes only.

I have read the guidelines for confidentiality and I agree to comply with the guidelines for protecting confidentiality. I attest that all information contained in this application is valid and accurate, and I have not misrepresented myself or omitted any facts.

Name

Signature

Date



How would you like to volunteer?

Friendly visits

Yard work

Run errands & assist w/ shopping

Minor home repairs

Transportation

Meals on Wheels delivery

Shovel snow

Computer assistance

Organizing (papers, clothes, etc.)

Assist w/ bill payment or checkbook balancing/sort mail

Other _____

How often would you like to volunteer? _____

(Please note we have flexible scheduling for many of the volunteer opportunities.)

Days you are available to volunteer: _____

Communities where you want to volunteer: _____

Friendly Visitor volunteers only:

References: Please list two persons not related to you who know you well enough to tell us how reliable, empathetic, and enthusiastic you are. (Personal friends may be acceptable references if they have known you for a significant period of time and if they are over 18.)

Name: _____

Telephone Number: _____

Best Time to Call: _____

Name: _____

Telephone Number: _____

Best Time to Call: _____

I understand that agency staff will contact the above references, and I authorize release of applicable information contained in this application from the named individuals.

Signature

Date

SVCOA

East Ridge Professional Building
1085 U.S. Rt. 4 East, Unit 2B
Rutland, VT 05701-9039

Crim	[]
AAR	[]
CAR	[]
OIG	[]