

Volunteer Application



Personal Information

First Name:	Last Name:	D.O.B		
Physical Address:	Apt.	City:	State:	Zip:
Home Phone:	Cell Number:	Work Number:		
Email:				
Best way to contact you?				
Emergency Contact:	Phone Number:	Relationship:		

Volunteer Position:

What volunteer role are you interested in?

Check all that apply.

 Meals on Wheels Meal Site Assistance Wellness Administrative Assistant Technology Support & Education Respite Squad Home Modifications & Maintenance Friendly Visit Grocery Shopping & Errands Chores & More

References:

Employment Reference:

Name:

Company:

Phone:

Personal Reference:

Name:

Years Known:

Phone:

Have you volunteered in the past? YES NO
When? _____

Where? _____

How did you learn about SVCOA's Volunteer Program?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> SVCOA Website | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Front Porch Forum | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Other: _____ | |

Confidentiality Agreement:



Confidentiality Agreement: Initial at left and sign at bottom.

Confidential information is any information in any media which is not generally known to the public and can't be readily obtained by the general public including, but not limited to information relating to:

1. Names and other identifying information about individuals,
2. Mental and/or physical health of an individual,
3. Financial details of an organization or individual
4. Background and/or personal information told in confidence.

____ I recognize that my position as a SVCOA volunteer requires considerable responsibility and trust. I understand that I may be entrusted with sensitive, confidential, restricted and proprietary information in the course of my volunteer work.

____ I agree not to use or disclose any confidential information which is disclosed to me as a result of my serving as a SVCOA volunteer except as required to perform any duties. An exception to this occurs when I believe that an individual's life might be in danger. In this case, I would report my concerns to my SVCOA volunteer coordinator and the proper authorities.

I hereby certify that the above information is true and accurate to the best of my knowledge.

Volunteer Signature

Date



Confidential Background Check Authorization Form

Today's Date: _____

XXX - XX - _____
Social Security Number

Name: _____ D.O.B _____
First MI Last Suffix mm / dd / yyyy

Address: _____
Street Town State Zip

Birthplace: _____
Country State Town

Other Names: _____

Driver's License: _____
ID Number Issuing State Expiration: mm/dd/yyyy

Phone: _____ Cell Home Work Email _____

Initial _____
I attest that the information provided in this application is true to the best of my knowledge.

_____ I hereby authorize the Southwestern Vermont Council on Aging's or the Green Mountain RSVP program and its designated agents and representatives to conduct a comprehensive review of my background.

_____ I acknowledge that by authorizing this comprehensive background check a report will be generated.

_____ I understand that the scope of the report may include but is not limited to the following databases.

- _____ Vermont Agency of Human Services - Adult Protection Services
- _____ Vermont Agency of Human Services - Child Protection Registry
- _____ Vermont Crime Information Center
- _____ Office of Inspector General - List of Excluded Individuals & Entities
- _____ Vermont Department of Motor Vehicles - For Employees & MOW Drivers
- _____ Vermont Medicaid Excluded Providers List - For Employees
- _____ Federal Sexual Offenders - For RSVP Volunteers

The representatives of the Southwestern Vermont Council on Aging and the Green Mountain RSVP Program shall maintain all information received from this authorization in a confidential manner to protect the applicant's personal information including, but not limited to address, social security number and date of birth.

Applicant Signature: _____ Date: _____

For Office Use Only

For Office Use Only

For Office Use Only

Staff Requesting Information: _____ Title: _____

SVCOA Staff: Department: _____ Results: _____

Notes: _____
