

Volunteer General Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

How did you hear about the Senior Alliance?

- _____ Newsletter
- _____ TSA Event
- _____ Word of Mouth
- _____ Other _____

Please Indicate Type:

- VOLUNTEER
 - STUDENT INTERN
- School/Program _____

What volunteer opportunities most interest you? (Rank in order of preference)

- _____ Holiday Meals
 - _____ Meal On-Site Help/Back-up Driver
 - _____ Meal Delivery Driver
 - _____ Delivery Back-up Driver
- _____ General Office Worker
- _____ Other (suggest): _____
- _____ I want to be trained for: (at least a one year commitment required – unless student intern)
 - _____ MMAP (Michigan Medicare/Medicaid Assistance Program)
 - _____ PATH (Personal Action Toward Health) Leader
 - _____ Fundraising and Outreach Worker
 - _____ Long Term Care Ombudsman (requires reliable transportation)

Have you ever volunteered with other organizations? _____ Yes _____ No (If yes indicate below)

Organization & Location: _____

Describe volunteer services: _____

List languages you speak read and/or write fluently, in addition to English: _____

Name any special qualifications and talents you feel will enhance your volunteer experience: _____

References: (do not include family)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

As a volunteer of your organization I agree to abide by the policies and procedures and the terms of the volunteer position description. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I understand that failure to comply with TSA required screenings, or failure of such screenings, are grounds for removal.

Your Signature: _____ Date: _____

**Volunteer Background Check
Authorization & Release Form**

PLEASE PRINT CLEARLY AND NEATLY

Date: _____

Name: _____

Maiden Name or Other Name(s) Used: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____ (DOB is requested in order to obtain accurate retrieval of records)

Race/Ethnicity (optional): _____ Male: _____ Female: _____

Driver's License #: _____ State: _____
(Or State ID)

Have you ever been convicted of any of the following?

- a) Felony? _____ Yes _____ No Misdemeanor? _____ Yes _____ No
b) Any crime involving a sexual offense, an assault or the use of a weapon? _____ Yes _____ No
c) Any crime involving the use, possession or the furnishing of drugs? _____ Yes _____ No
d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?
_____ Yes _____ No

Do you have any pending felony charges? _____ Yes _____ No

If you answered Yes to any of the above questions, please provide an explanation, attach a separate sheet if additional space is needed.

Authorization & Release

In connection with the volunteer application made by me, I understand that The Senior Alliance may be requesting information from various Federal, State and other agencies which maintain records concerning past activities relating to my criminal background and driving record.

Without reservation, I authorize any party or agency contacted to furnish the above-mentioned information and release all parties involved from any liability and/or responsibility for doing so. This authorization and consent may be submitted in an original, fax, email or copy form.

I, my heirs, personal representatives, successors and assigns, hereby release and hold harmless the reporting agency and The Senior Alliance, and any of their employees, agents, directors, contractors or commissioners from any and all exemplary liability, claims, damages, including both compensatory and punitive, costs and attorney's fees, whether arising

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at law or in equity, which may at any time arise out of the retrieval, distribution, storage or use of my criminal history or other information concerning my background, character, experience, references, etc., for determination of my fitness as determined solely by the Agency to be a volunteer with the Agency.

I have the right to make a request to the reporting agency (ies) upon proper identification and payment of any authorized fees, the information in its files on me at the time of my request. The reporting agency (ies) does/do hereby agree to provide the requested information in accordance with the Fair Credit Reporting Act and submit a written report via U.S. mail, email or fax.

I understand that it is not permitted to utilize illegal drugs, or utilize narcotics without a written prescription from a licensed healthcare provider, while volunteering with The Senior Alliance.

I understand that there will be occasions when volunteers are photographed and/or videotaped by staff, sponsors, corporate representatives, media and others, and/or likenesses used to advertise The Senior Alliance and its' programs. I grant permission and hereby release and hold harmless The Senior Alliance from any claims, judgments or demands which may arise from the use of my photographs, videotapes and/or likenesses.

By signing below, I acknowledge that I have read and understand this Authorization and Release.

Signature: _____ Date: _____