

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### VOLUNTEER POSITIONS AVAILABLE:

\_\_\_\_\_ Administrative (Flexible Monday - Friday | 9 a.m. - 4 p.m.) - Various locations

\_\_\_\_\_ Blog Writers / Social Media Contributors

\_\_\_\_\_ Meals on Wheels Driver (10:00 am - 12:00 pm) 20 Warren St., Albany, NY 12202

\_\_\_\_\_ Meals on Wheels Kitchen Prep (10:30 am - 2:00 pm) 20 Warren St., Albany, NY 12202

\_\_\_\_\_ Community Dining Host (10:30 am - 1:30 pm or 3:30 pm - 6:30 pm)

**Locations:** \_\_\_\_\_ Berne \_\_\_\_\_ Cohoes \_\_\_\_\_ Livingston \_\_\_\_\_ O'Hav Sholom \_\_\_\_\_ South Mall Towers

\_\_\_\_\_ St. Matthew's \_\_\_\_\_ Watervliet \_\_\_\_\_ Westview Homes \_\_\_\_\_ Wyman Osterhous

\_\_\_\_\_ Social Adult Day Program (10:00 am - 3:00pm) \_\_\_\_\_ Albany \_\_\_\_\_ Cohoes

\_\_\_\_\_ Telephone Reassurance (Flexible Hours / locations)

### Availability:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Have you ever been convicted of a criminal offense other than a minor traffic violation?

*Note: A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to the requirements of the volunteer position for which you have expressed an interest.*

\_\_\_\_\_ Yes \_\_\_\_\_ No if yes, Date(s) \_\_\_\_\_

Do you possess a valid NYS Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Use of Personal Vehicle:

I understand and agree to provide LifePath a copy of my driver's license and copy of the declarations page of my automobile insurance policy. I also understand and agree that I will not use my vehicle in a negligent or improper manner or in violation of any law or of this agreement. I understand that LifePath does not furnish any insurance for the protection of the Volunteer if any claim or suit is made against the Volunteer arising out of his/her operation of a personally owned vehicle; nor is any insurance provided by LifePath to repair damage that may occur to the Volunteer's personally owned vehicle. I agree to indemnify LifePath against all claims, losses, damages and expenses, including legal fees, which LifePath may incur at the result of the use of the Volunteer's vehicle on behalf of LifePath.

# **VOLUNTEER APPLICATION (continued)**

## **Confidentiality:**

I understand all client information, records, and files are the property of LifePath and deemed confidential. Such confidential personal information shall be used only for legitimate purposes to perform the duties assigned by LifePath and will not be revealed, shared, removed, modified or expunged.

## **Conflict of Interest:**

I understand if any duality of interest or possible conflict of interest exists or arises, it is the Volunteer's duty to disclose the nature of the possible conflict. Volunteers shall exercise the utmost good faith in all transactions and shall not directly or indirectly personally or professionally gain from transactions.

## **Professional Boundaries:**

I agree to abide by LifePath's professional boundaries guidelines which are in place to protect the client, the volunteer and the organization. Volunteers must limit their interactions with clients to that which is specific to the volunteer role and may not develop relationships outside of that role. All clients must be treated equally and no favoritism (real or or perceived) is permitted. Volunteers cannot run errands, bring gifts, or promise anything to clients outside of their specific volunteer duties.

## **Photographs:**

Please be aware that photographs may be taken of LifePath volunteers. Any and all pictures may be used on our social media accounts and/or in our printed publications.

## **Terms, Conditions & Background Check:**

I authorize LifePath to check references with former employers (unless otherwise indicated) as well as the personal and professional references I have listed. I also authorize LifePath to check my personal information on the following sites: (1) Sex offender registry at the US Department of Justice National Sex Offenders Public Website (2) General Services Administration's Federal Excluded Party List System (3) Office of Foreign Assets Control Sanctions (Terrorist) List (4) New York State Department of Corrections and Community Supervision Inmate Population and (5) Federal Bureau of Prisons Inmate Search.

I understand and agree that my volunteer position is contingent upon completing the volunteer application and background checks. I affirm that I have reviewed this entire form and attest that all statements made on this application (including any attached papers) are true, to the best of the knowledge, and I understand that misrepresentation or omission of facts called for may result in my immediate dismissal as a volunteer.

I understand and agree that the volunteer position at LifePath for which I am applying, is without compensation or benefits of any kind. I further understand that the provisions of this application does not constitute a contract (either expressed or implied) of employment between LifePath and me. I understand and agree that if I am offered and accept a volunteer position at LifePath, LifePath or I may terminate the volunteer relationship at any time for any reason or for no specific reason or cause. LifePath reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Volunteer applicant must be 18 years or older*

## **EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternative Number: \_\_\_\_\_

# Albany County Department for Aging Employee and Volunteer Confidential Disclosure of Information

The Older Americans Act of 1965 mandates that the Area Agency on Aging and its contracting agencies must comply with State and Federal statutes, rule and regulations guaranteeing protection of an older person's and/or program participant's information (received in oral, written or in electronic form).

The following information is considered confidential and should not be disclosed by employees or volunteers of any agency receiving funding from Albany County Department for Aging, New York State Office for Aging and the Administration for Community Living:

- Names, addresses, social security numbers and other personal information of applicant and recipients of service.
- Personal information related to the health, social and economic conditions and circumstances of an individual.
- The type of services provided.

The provider or Agency's procedures must ensure that the program participant's information will not be disclosed and will be kept locked and secure.

I have read this notice and I agree that I will protect the personal information of all program participants.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider: LifePath