

Seniors' Resource Center Volunteer Enrollment Form

1. PERSONAL INFORMATION

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone No: _____ Best time(s) to call: _____

Work Phone No: _____ Best time(s) to call: _____

Cell Phone No: _____ Email Address: _____

Driver's License # _____

Education: _____

Current/ Former Employer: _____

Work experience: _____

For Demographic Purposes only: African American Asian/Pacific Islander Hispanic/Latin White/European

Notify in Emergency: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

Relationship: _____

2. GENERAL

How did you hear about SRC? _____

Do you speak any languages other than English? Please list: _____

Please list previous volunteer experience: _____

Please list your hobbies, skills and special interests: _____

3. DESIGNATION OF SUPPLEMENTAL ACCIDENT AND PERSONAL LIABILITY BENEFICIARY -

Volunteers are covered by liability, accident, and excess auto liability insurance while volunteering for Seniors' Resource Center. Please designate a supplemental insurance beneficiary.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

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

4. VOLUNTEER WORK DESIRED:

Days and hours available: M T W Th F Sat Sun AM ___ PM ___ Evenings _____

Please check the volunteer projects that interest you most:

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Program Support | <input type="checkbox"/> Income Tax Preparation |
| <input type="checkbox"/> Clerical/office/data entry/mailings | <input type="checkbox"/> Accounting Support at SRC |
| <input type="checkbox"/> Food Delivery | <input type="checkbox"/> Personal Shopper |
| <input type="checkbox"/> Transportation/Volunteer Drivers | <input type="checkbox"/> Tel-A-Sure Calling |
| <input type="checkbox"/> Telephone Calling | <input type="checkbox"/> Friendly Visiting |
| <input type="checkbox"/> Home Repair/ Ramps | <input type="checkbox"/> Woodchucks Woodworking |
| <input type="checkbox"/> One Time Outdoor Yard/ Garden Maintenance | <input type="checkbox"/> Bill Payer Program |
| <input type="checkbox"/> Reading/Writing Services for Visually Impaired | <input type="checkbox"/> Special events/projects |
| <input type="checkbox"/> In Home Respite Care Provider | <input type="checkbox"/> Program Advisory Councils |

Volunteer's Signature: _____ Date: _____

***For Youth Volunteers (12 – 17 ONLY):** Parent's Signature: _____

I give my permission for _____ to volunteer with the Seniors' Resource Center, serving in the _____ Program/Project. I have the right to rescind this permission at any time by notifying the SRC Volunteer Program Manager in writing at the address listed below.

RELEASE FORM

As a volunteer in the SRC Volunteer Program I hereby give my permission for SRC to obtain a copy of my driving record from the State of Colorado Motor Vehicle Division. I may occasionally drive in a volunteer capacity and I understand and agree that if I'm driving my own vehicle I am required to carry the minimum vehicle insurance coverage required by the state of Colorado. I also authorize all people, schools, companies and law enforcement authorities to release any information they desire concerning my background and release them from any and all liability for any damage, real or implied, for issuing this information. I understand that SRC requires volunteers to report to duty alcohol free and free from the influence of any drug that may affect my ability to perform the duties of my volunteer assignment. I accept that violation of this policy may result in immediate termination from the volunteer placement and from the SRC Volunteer Program. Furthermore, I understand and agree to be covered by the SRC policy that requires all volunteers who are placed or who are being considered for placement in a safety sensitive area to be subjected to drug and alcohol testing including but not limited to random tests and reasonable suspicion.

Signature _____ **Date** _____

Please return completed application to:

*Seniors' Resource Center, Attn: Volunteer Program, 3227 Chase Street, Denver, CO 80212
Phone: (303) 235-6941 Fax: (303) 235-6926 Email: mbrackett@SRCAging.org*

FOR OFFICE USE ONLY

Date of Interview: _____ **Interviewer:** _____

Program Referral: _____ **Date:** _____

RSVP Membership: _____

Comments: _____