

Volunteer Application

Please print. Complete all information to the best of your ability. We ask for birth date and social security numbers to conduct a background check for all volunteers, and to provide any reimbursement, not to discriminate in any way.

Name: _____
First Middle Initial Last

Local address: _____
Street Town Zip

Mailing address: _____
PO Box Town Zip

E-mail address: _____

Phone: (Home) _____ (Other) _____

DOB: ____ / ____ / ____ SS#: ____ - ____ - ____ Driver's License #: _____ ST ____

*** Please provide a copy of your driver's license and current auto insurance card*

Highest level of education: _____

Skills you would like to share in your volunteer experience: _____

Do you have any physical limitations that should be considered in your assignments? (please circle) **Yes / No**

If **Yes** please specify: _____

Do you speak/read/write any foreign language? (please circle) **Yes / No**

If **Yes**, which language(s) and how well? _____

Do you qualify for RSVP? (must be 55 and older) Yes / No

Please select all of the volunteer opportunities that are of interest to you from the listing below:

Children (18 & Younger)

- Mentoring
- Reading
- Literacy
- Childcare
- Empowerment
- Education
- Activities

Health & Nutrition

- Health Education
- Substance Abuse
- Disabilities Programs
- Non-Medical In-Home Care
- Hospice
- Support Services (Info Desk)
- Medical Transportation
- Food Distribution/Collection

Human Need Services

- Victim Advocates
- Crisis Support
- Housing
- Rehabilitation/Construction
- Human Rights
- Adult Literacy
- Home Task Assistance

Community/Economic Development

- Transportation Services
- Community Events
- Community Garden
- Thrift Stores
- Beautification
- Rummage Sales

Environment

- Wildlife/Land Protection
- Environmental Awareness
- Recycling

Public Safety

- Disaster Preparedness
- Emergency/Safety Support

Arts & Culture

- Docent
- Host
- Special Events
- Historical
- Research/Recording

Seniors

- Meal Sites
- Home Companion
- Medical Transportation
- Entertainment

Other

- Animals
- Gardening
- Clerical

Please read each of the following statements carefully. After each statement please indicate your acceptance by initialing each one.

In accordance with program guidelines, Federal and State regulations volunteers will be required to consent to a criminal background check which includes a state of residence check and a National Sex Offender Registry check. Some programs may require a Motor Vehicle Records check as well as proof of auto insurance as part of risk management policies. Please indicate consent for these records checks to be conducted by signing the statement at the end of this application. **Initials** _____

Insurance: Alpine Area Agency on Aging will provide volunteers with accident insurance, excess personal liability insurance, and excess auto liability insurance. *The excess insurance is secondary insurance and is not primary insurance.* This insurance is provided at no cost to the volunteer. All volunteers will provide a written report to Alpine Area Agency on Aging within 5 days of occurrence. **Initials** _____

PLEASE READ CAREFULLY BEFORE SIGNING BELOW. ALL APPLICANTS MUST SIGN IN ORDER TO BE ACTIVATED.

I desire to work as a volunteer for the Alpine Area Agency on Aging and engage in activities related to being a volunteer. I understand that the volunteer activities may include working for a sponsoring agency.

Release and Waiver. I do hereby and forever release and discharge any member county and Northwest Colorado Council of Governments ("NWCCOG"), the officials, boards, officers, principals, and employees from all losses, costs, claims, damages and liabilities, including reasonable attorney's fees and expenses for which any county or NWCCOG or any of their officials, boards, principals and employees may become subject to, insofar as any such losses, claims, damages or liabilities arise out of, directly or indirectly, my participation in any activities as a volunteer. **Initials** _____

I fully understand that as a volunteer, I do not work for any county agency or NWCCOG as an employee; therefore, I am not entitled to workers' compensation benefits and will not be provided any lost wages or permanent disability benefits for my regular employment. **Initials** _____

I certify that all information in this application is true and complete. I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a volunteer. I agree to comply with a criminal background and driving record check. **Initials** _____

I understand that volunteerism is a privilege, not a right, and that my placement in a volunteer position is conditional upon successfully completing the application, screening, and training requirements. I also understand that until the application process is complete, my volunteer activity cannot be recorded. **Initials** _____

Signature _____ **Date** _____

Self-Identification

Alpine Area Agency on Aging and the Volunteer Program do not discriminate in any manner. We are an all-inclusive program welcoming everyone regardless of age, gender, race, ethnicity, religion/no religion, national origin, language, education, marital status, body size, political affiliation/philosophy, sexual orientation, gender identity/expression or variance, physical and mental ability, social-economic status, genetic information and HIV and veteran status. **Discrimination will not be tolerated in any way.**

____ Hispanic or Latino ____ White ____ Black or African American ____ Asian
____ Native Hawaiian or Other Pacific Islander ____ American Indian or Alaska Native
____ Two or More Races

Veteran

____ Yes ____ No

Please read, complete and sign to assign benefits from the insurance coverage provided through the RSVP program.

I volunteer my services through the Alpine Area Agency on Aging Volunteer program and understand that I am not an employee of any County, NWCCOG, or Alpine Area Agency on Aging. I understand that if I use my personal vehicle in any of my volunteer assignments, I will arrange and keep in effect a valid driver's license and automobile insurance equal to the minimum required by Colorado State law. I designate as beneficiary of my volunteer accidental death insurance the following:

Beneficiary name

Relationship

Beneficiary Address, City, State & Zip

Volunteer Signature