



Volunteer Application

Notice: SRC will only disclose your personal information to contact you with requests or information you will need as an SRC Volunteer. Unless obligated by law, we will not share your contact information outside of the agency without your permission.

Name _____ Date _____

Local Address _____ City _____ State/Zip _____

Permanent Address _____ City _____ State/Zip _____

Email _____

Phone: (Cell) _____ (Home) _____

POSITIONS OF INTEREST (Mark all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Digital Assistance | <input type="checkbox"/> Yard Clean-up |
| <input type="checkbox"/> SHICK Medicare Counselor | <input type="checkbox"/> General Help for Seniors | <input type="checkbox"/> Small Group Leader |
| <input type="checkbox"/> Senior Wheels Driver | <input type="checkbox"/> Safe Winter Walkways | |

☐ Other _____

SPECIAL SKILLS (Mark all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Organizing/Scheduling | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Partnership Development/Marketing | <input type="checkbox"/> General Office | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Assisting Others | <input type="checkbox"/> Gardening/Yard Work | |

☐ Foreign Language(s) – Fluent in: _____

☐ Other: _____

PREVIOUS WORK/VOLUNTEER EXPERIENCE (Please provide information about skills and abilities gained from previous work and/or volunteer positions):

Senior Resource Center for Douglas County

745 Vermont, Lawrence, Kansas 66044

(785) 842-0543 or (877) 295-2377

www.YourSRC.org

AVAILABILITY☐ Regular☐ Occasional☐ Seasonal _____

Preferred Days and Times (Place X in available time slots)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Insurance Required InformationAre you over 18? ☐ Yes ☐ No Are you over 70? ☐ Yes ☐ NoAre you licensed to drive an automobile? ☐ Yes ☐ No**REFERENCES** (Please provide non-related individuals who have known you for at least one year)

Name _____ Phone _____

Name _____ Phone _____

As a volunteer representing Senior Resource Center for Douglas County, the lasting impression you make on those you serve reflects directly on all of us. Please be sure your words and deeds will help build our programs and reputation for quality.

I, _____, agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner. I hereby certify that the information provided above is true and complete to the best of my knowledge. I give Senior Resource Center for Douglas County (SRC) permission to do background and driver's license and reference checks prior to my volunteer assignment. I hereby release and hold harmless SRC, its officials, agents, and employees from liability or obligation arising from, or in connection with my/my child's volunteer activities. I understand that any adverse findings from background checks may prohibit me from volunteering at SRC.

Signature: _____ Date: _____
Volunteer

Signature: _____ Date: _____
Parent/Guardian (Required if volunteer is under 18 years of age.)

Senior Resource Center Confidentiality Agreement for Volunteers

I understand that in the performance of my duties, I may have access to certain sensitive/confidential information about clients. The policy of the Senior Resource Center for Douglas County (SRC) is that all information that I obtain related to individual members, participants, clients, guests, or staff of SRC is confidential and may not be mentioned or released for any reason other than through the conduct of my assigned volunteer responsibilities. Prohibited activities include, but are not limited to, mentioning or disclosing:

- The names, addresses, telephone numbers, or any other information about members, participants, clients, guests, or staff.
- Information about illness or disability of members, participants, clients, guests, or staff.

I hereby agree to abide by the confidentiality policy of SRC as stated above.

I understand that a breach of this agreement will result in my immediate dismissal as an SRC volunteer.

Volunteer Name (printed) _____

Signature _____ Date _____

Volunteer Coordinator Name (printed) _____

Signature _____ Date _____