

Volunteer Application

Senior Resource Center

745 Vermont St

Lawrence, KS 66044

Office: (785) 842-0543

Email: srccontact@dgcoks.gov



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.

Volunteer Information

Full Name

Local Street Address

City

State

Postal Code

Permanent Street Address

City

State

Postal Code

Cell Phone Number

Home Phone Number

Email Address

Positions of Interest (check all that apply)

Office Help

Digital Assistance

Yard Clean-up

SHICK Medicare Counselor

General Help for Seniors

Small Group Leader

Senior Wheels Driver

Safe Winter Walkways

Other

Special Skills (check all that apply)

Computer/Internet

Organizing/Scheduling

Data Entry

Public Speaking

Teaching/Training

Graphic Design

Partnership

Development/Marketing

General Office

Assisting Others

Gardening/Yard Work

Writing

Foreign Language(s) – Fluent in

Other

Previous Work/Volunteer Experience

Availability

Regular

Occasional

Seasonal

Preferred Days and Times (check all that apply)

Morning

Afternoon

Monday

Tuesday

Wednesday

Thursday

Friday

Required Insurance Information

Are you over 18 years old?

Yes

No

Are you over 70?

Yes

No

Are you licensed to drive an automobile?

Yes

No

Character References

Full Name

Phone

Full Name

Phone

Certification and Signature

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.

Volunteer Signature

Date

Guardian/Parent Signature

Date

Parent/Guardian (Required if volunteer is under 18 years of age.)

Submission Information

Submission Options

Email completed form to: srcontact@dgcoks.gov

Drop it off or mail to:

Senior Resource Center
745 Vermont St
Lawrence, KS 66044

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