



Senior Resource Center at Family Service

405 S. State Street
Champaign, IL 61820
352-5100

VOLUNTEER APPLICATION AND AVAILABILITY

Name _____ Date _____

Address _____ City _____ Zip Code _____

Phone(s) _____

E-mail _____

How do you prefer we contact you for volunteering? _____

Emergency Contact

Name & Relationship _____

Phone(s) _____

References

Name & Relationship _____

Phone(s) _____

Name & Relationship _____

Phone(s) _____

Where did you hear about our volunteer opportunities? _____

What types of volunteer experiences interest you? (check all that apply)

- Delivering Meals on Wheels
- Providing Senior Transportation
- Office Support
- Other _____

Please mark below the days you are available to volunteer and what times during those days

	Senior Transportation, Office Support	For Meals on Wheels Delivery only (✓ below)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Particular Day(s) of Month available for Meals on Wheels Delivery:		



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VOLUNTEER CONFIDENTIALITY AGREEMENT

Introduction

As a Volunteer for Senior Resource Center at Family Service of Champaign County, it is likely that I will work directly or indirectly with clients of the agency. In the course of providing volunteer service, I may be provided with personal information from individual clients, their family members or other service providers. I also may overhear private staff or client conversations concerning personal and sensitive information. I am aware that anything I learn or experience during my volunteer interaction which may be considered private, sensitive, or privileged information, must be held in strict confidence.

Examples of communications and expectations are listed below:

1. At times an individual or family member may share information with me that is personal and confidential regarding their living situation, health conditions, or other private sharing. I understand that I will not discuss this information with others.
2. I will talk only in generalities about any individual or family with whom I work in my volunteer role. I will not share clients' names or personal information.
3. I understand that Senior Resource Center wants me to talk about the program, the benefits of services, and my own personal pride in providing these volunteer services. I will talk about my volunteer work by sharing only general information about the individuals who I support in my volunteer work.

If I encounter any difficulty or observe anything that causes me concern, I will speak with a staff person involved with the volunteer services at the Senior Resource Center about my concerns regarding the client or specific situation. I understand that the staff person will then address any related issues.

As a volunteer, I agree to respect the privacy of these individuals and their family members by maintaining their confidentiality at all times, speaking about them respectfully even when speaking generally, and protecting their dignity. I agree to keep information confidential even after I am no longer volunteering with this organization.

I have read the above information and agree to abide by these confidentiality practices.

Volunteer Signature _____

Date _____



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VOLUNTEER AUTOMOBILE LIABILITY INSURANCE COVERAGE

Your Name _____ Today's Date _____

Your Driver's License Number _____

Date Your Driver's License Expires _____

- Please indicate the name of your automobile insurance company

- Please indicate the amount of coverage/limits you have for liability for the following:

Bodily Injury _____

Property Damage _____

- Please indicate when your insurance expires (when is your next premium due?) _____

***** Please attach a copy of your Driver's License and your Automobile Insurance Card and submit with your application papers.**

I affirm that the above information is true and correct to the best of my knowledge. By signing this document I certify that my car is equipped with the necessary safety equipment for transporting agency clients.

Signature

Date

For Office Use Only

License Renewal Date

Insurance in Force Until

Verified By

Date

- 1.
- 2.
- 3.