



VOLUNTEER APPLICATION
P.O. Box 6090, Auburn, CA 95604
530-889-9500/530-889-0190 fax
www.seniorsfirst.org

Name: _____ Date: _____
Address: _____ City: _____ Zip: _____
Phone #: _____ Cell#: _____ Email: _____
Date of Birth: _____ Would you like to receive our electronic newsletter? YES [] NO []
Emergency Contact: _____ Relationship: _____ Phone #: _____

PLEASE INDICATE WHICH PROGRAM(S) YOU ARE INTERESTED IN:

- [] Groceries: Pick-up/drop off donations, organize pantry, deliver groceries to seniors at home. Flex times M-F
[] Telephone Reassurance: Visit with a homebound senior by phone once a week for an hour. Mon-Sun
[] Meals on Wheels Driver: Volunteers deliver a hot lunch to seniors at their home. M/W/F from 10:30am-1pm
[] Meals on Wheels Office Assistant: Assist in the distribution and collection of meals. M/W/F from 10am-2pm
[] Flyer Distribution: Post flyers to recruit volunteers at assigned businesses in Placer County
[] Events: Assist with fundraising, food drives and virtual events throughout the county, including the annual gala
[] Office/Admin: Assist in Seniors First office as needed. Flex times M-F
[] Days/Hours Available: _____

Physical Condition: (Check One) [] Excellent [] Good [] Fair [] Poor Limitations: _____

Licenses, degrees or certifications: _____

Pertinent training, hobbies, skills you can share: _____

Why would you like to be a Seniors First volunteer? _____

How did you hear about us? _____ Languages (other than English): _____

How long would you be able to make a commitment to a volunteer position? _____

All volunteers must complete the section below:

Driver's License#: _____ State: _____ DL Expiration: _____
Vehicle Make: _____ Model: _____ Year: _____ Insurance Co: _____
Insurance expiration: _____ Mileage Reimbursement: YES [] NO [] (Meals on Wheels)

COPY OF DRIVERS LICENSE AND INSURANCE CARD ALSO REQUIRED FOR ALL VOLUNTEERS

PLEASE COMPLETE BACK

Have you ever been convicted of anything other than a minor traffic violation?

YES NO If yes, explain: _____

All volunteer applicants must provide two references that will remain confidential information:

Please list two names (other than family) that we may contact for personal references. Please print and provide an email address or phone number.

1) Name: _____ Email: _____

Years Known: _____ Phone: _____

2) Name: _____ Email: _____

Years Known: _____ Phone: _____

Photo Release Agreement

I hereby consent to and authorize the use and reproduction, in print or electronic format by Seniors First or anyone authorized by Seniors First, of all photographs which have been taken for any publicity purpose, without compensation. All images: electronic, negatives, positives, together with the prints, are owned by Seniors First.

Volunteer Agreement

1. Each volunteer is required to attend a training orientation.
2. All volunteers are mandatory reporters (*read, sign, and review occasionally*).
3. All client information is held in strict confidence.

The information given above is true and accurate. I hereby agree to all listed requirements.

Signature: _____ Date: _____

Investigative Consumer Report

Thank you for considering *Seniors First* as a place to donate your time and talents. Our volunteers are vital to us and without them, we would not be able to meet the needs of our older adults in Placer County. At *Seniors First*, our seniors rely on us to provide them with needed support services. Because their safety and well-being are so critical, we require all volunteers to complete an Investigative Consumer Report (*background check*). You may also request a copy of the report. After completing and signing below, we will email you the website address and password, so that you can directly input your personal data to initiate the background check. Please check below and sign to indicate you agree to this background check.

Please note there is a \$19.00 cost to have the mandatory background check completed: YES NO

(The cost may vary depending on court fees for counties included)

Signature: _____ Date: _____