



SRDA/RSVP Volunteer Application and Release

Today's Date: _____

You can submit this completed form via: **E-mail to mowvolunteer@srda.org, Fax to (719) 544-7831, Postal mail to, or in-person at:** Senior Resource Development Agency (SRDA), RSVP Coordinator, 230 North Union Avenue, Pueblo, CO 81003-4207.

FOR OFFICE USE

- Starting Date: _____
- Placement: _____
- Entered into Outlook Date: _____
- Attended orientation Date: _____
- Received proof of car insurance Date: _____
- Background Cleared Date: _____

Are you a: New volunteer to SRDA, or
 Returning volunteer to SRDA

How did you hear about the volunteer program?

Are you a **current** client of SRDA: Yes No

If **yes**, which department? _____

Are you a **past** client of SRDA: Yes No

Why do you want to volunteer? _____

Are you a veteran: Yes No

What is your ethnic/racial background White Hispanic Black or African American,
 Asian American Indian/Alaska Native, Hawaiian/Pacific Island

Volunteer Identification – Information provided in this section is used for identification purposes only.

Legal Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Doctor's Name: _____

Preferred Hospital: _____

Allergies: _____

Any recent illness or conditions: _____

Date of Birth: _____ Gender: M F

Driver License #: _____

Driver License Issuing State: CO, Other _____

Driver License expiration date: _____

Do you have a Commercial Driver License (CDL)?
 YES NO

Social Security # (required for criminal background check): _____

Insurance Coverage: Liability _____ Comp. _____
Collision _____.

Emergency Contacts and/or Beneficiary – Who can we contact in case of an emergency?

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Relationship: _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Relationship: _____



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Volunteer Interest and Availability – *What areas of volunteering are you interested in? (Check all that apply)*

Transportation

- Van/Bus Driver
- Dispatch/Scheduler
- Driver

Food Service

- Kitchen Aide
- Meals on Wheels Delivery
- Food Packaging/Distributing
- Meal Site Server

Case Management

- Errand Running/Companionship
- Phone, Messages
- Information Referrals
- Client Advocate

Special Needs

- Children (Schools, Literacy, Etc.)
- Medical (Hospitals, Hospice, Etc.)
- Elderly (Assisted Living, Recreation, Etc.)
- Nonprofits (Red Cross, Alzheimer's, Etc.)

Other

- Clerical/Data Entry
- Fundraising
- Gardening
- Committee/Events
- Reception

Other: _____

Tell us what days and times you are available to volunteer:

Mon **Tues** **Wed** **Thurs** **Fri** **Sat***
 (____) (____) (____) (____) (____) (____)

*Saturday opportunities are limited at SRDA to meal delivery and kitchen aide and a limited number of other nonprofit organizations.

Community Service

Do you have a set amount of hours that you are required to contribute in a community/public service program? Yes No

Name of the program or agency: _____

If yes, please indicate number of hours: _____ By what date do these hours need to be served? _____

Education/Skills

What is your highest level of education you have achieved? _____

Do you have computer skills: Yes No

Internet Browsing Yes No

Microsoft Word Yes No

Microsoft Excel Yes No

Microsoft Outlook Yes No

Microsoft PowerPoint Yes No

Microsoft Access Yes No

Tell us about any other language(s) you understand/speak/read/write in addition to English:

Language: _____ Understand, Speak, Read, Write



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Employment History

Company: _____ Phone: _____
 Address: _____
 City/State/Zip: _____
 Job Title: _____
 From: _____ To: _____
 Responsibilities: _____

Company: _____ Phone: _____
 Address: _____
 City/State/Zip: _____
 Job Title: _____
 From: _____ To: _____
 Responsibilities: _____

Background Check Release – For SRDA Volunteer Positions Only

Advisement

The elderly are a potentially vulnerable, high-risk group. SRDA asks that you provide authorization for a criminal record check prior to your potential volunteer placement. The criminal record check is conducted via a secure website. It is returned electronically to the SRDA administrative staff and becomes a part of your volunteer record.

Acknowledgement

I have read the above statement and I understand SRDA’s requirement for a criminal record check prior to further consideration of my application for volunteer placement. I understand that I am being asked to voluntarily provide information. I further understand that failure to provide the information will disqualify me from further consideration concerning the volunteer position for which I might apply.

I decline.

Drug and Alcohol Testing – Only for Transportation

Per the Department of Transportation (CDOT) regulations, drug and alcohol testing will be required for all volunteers that drive a SRDA vehicle and/or transport any SRDA client in their own vehicle. Volunteers who meet these criteria will be subject to testing once training is completed as well as periodic quarterly random drug testing. (Federal Transit Administration (FTA) regulation 49 CFR Part 655)

I decline.



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Driving Record Release – For SRDA Volunteer Positions Only

Driving records may be obtained as part of SRDA’s evaluation of my volunteering. The reports may be procured to provide an assessment of my insurability under the Company’s insurance coverage’s. By signing this disclosure, I hereby authorize SRDA to procure such reports and additional reports about me, as appropriate to evaluate my insurability or for other permissible purposes.

I decline.

Photo Release

I hereby agree to allow SRDA to take my photograph while volunteering for SRDA; I grant ownership of any such photographs to SRDA and specifically release any rights or claims to same. These photographs may be used for advertising, communications, and/or commercial purposes.

I decline.

Release of Liability

I agree not to hold SRDA liable in the case of injury or accident.

I decline.

Confidentiality Statements – *Your commitment to SRDA and its clients*

We have a policy of strict confidentiality. Names, specific conditions and/or other personal details are to be held in strict confidence. By all means, share the stories, the successes and the warmth – but please leave out the personal details. This includes detailed information about clients, other volunteers, donors and staff.

Agreement

I assert that the information provided above and on previous page(s) is accurate to the best of my knowledge and I agree with the terms stated herein. I understand that declining any of the above information needed may disqualify me from further consideration concerning the volunteer position for which I am applying for.

If you are submitting this application and release electronically, you will sign it later during your in-person interview

Signature of Applicant

Typed or printed name of Applicant

Date



SENIOR RESOURCE DEVELOPMENT AGENCY
PUEBLO, INC.

230 N. Union Avenue · Pueblo, CO 81003 · (719) 545-8900 · Fax (719) 544-7831
www. srda.org

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I, _____, whose social security number is _____, and whose birth date is _____ represent and acknowledge that as an employee or volunteer of the Senior Resource Development Agency, Pueblo, Inc. (S.R.D.A.): I may provide services to and be in contact with individuals in situations in which their trust is placed in me and that I am not to take advantage of that trust; I may provide services where my skill are important in providing safe service; I have no history of safety violations or violations of the law which may affect my ability or my employability to provide the services for which I am employed by or volunteering to S.R.D.A.; and, I authorize S.R.D.A. to conduct such investigations into my personal background, and criminal history as S.R.D.A. may deem necessary to allow S.R.D.A. to employ me or to use my volunteer services provided under the S.R.D.A. umbrella of services.

Therefore, I authorize any individual, person, corporation, law enforcement agency or other entity having any information about me to release to S.R.D.A. or its authorized agent, any and all such information about me which such individual, person, corporation, law enforcement agency or other entity may have in their possession or under their control.

On behalf of myself, my personal representative, heirs, successors, assigns, business partners or others claiming by, through or under me, I hereby release any individual, person, corporation, law enforcement agency or other entity who provides such information about me to S.R.D.A., from any and all liability of any kind whatsoever, which might arise as a result of the disclosure of such information.

A photocopy of this signed Authorization and Consent to Release Information shall have the full force and effect as the original.

Executed this _____ day of _____, 20_____.
(Day) (Month) (Year)

Signature

Printed Name



Criminal Background Questionnaire

For Position Title: _____

Have you ever been charged, arrested, or convicted of a felony or misdemeanor that is not sealed or expunged, regardless of the disposition of any such matter? Your answer to this question will only be used to the extent it is reasonably related to the position for which you are being considered.

YES _____ NO _____

If your answer is “yes,” give a short explanation of the incident in the space below. Please indicate the date, nature and place of the incident, the disposition of the allegations, and your employer at the time, including your employer’s name, address, and telephone number. We will conduct an individualized assessment of its relevance to the position for which you are applying.

Date:

Name of Applicant:



STATEMENT OF COMPLIANCE

I, _____ attest that I have not been arrested, charged and/or convicted of a crime, regardless of the nature of the crime, and in the case of having been arrested, charged and/or convicted, please include all information about the circumstance, even if there was no resulting conviction and/or prosecution of the following offenses: please check if you **HAVE** been arrested, charged and/or convicted of committing a criminal offense.

- Any felony offense
- A crime of violence
- Any person who is required to register as a sex offender in any state
- Third degree assault
- Any misdemeanor offense of domestic violence
- Violation of a protection order
- Any misdemeanor offense of child abuse
- Any misdemeanor of sexual assault
- Any offense of financial exploitation
- Any alcohol related offenses in the past three (3) years
- Two (2) or more convictions or chargeable alcohol related accidents in the past two (2) years
- Two (2) or more drug related convictions or chargeable incidents
- Have you lived in other states in the last seven (7) years, if so please list:

Yes	No	_____	_____	_____	_____	_____
		City	State	Address	Date	Zip Code
		_____	_____	_____	_____	_____
		City	State	Address	Date	Zip Code

Please Check the following boxes that apply

- Male Asian Hispanic Other
- Female Black White