



Volunteer Application

Name: _____

Home Address: _____ City: _____ State: OH Zip: _____

Phone: Home: _____ Cell: _____ E-mail: _____

Date of Birth _____ If you currently volunteer, where? _____

Race (Optional): African American Asian Caucasian Native American Pacific Islander

Other _____

EDUCATION AND WORK EXPERIENCE

Education beyond High School: _____

Work experience, paid and unpaid:

Position Held/ Duties	Organization
_____	_____
_____	_____

Volunteer Options at United Senior Services: Indicate the kind of activity you would like: Data Entry, Crafts, Filing, Food Service, Income Tax Preparation, Medicare Help, Music, Painting, Reception, Special Programs, Special Events, Teach classes, Other _____

SPECIAL CONSIDERATIONS: Are there any conditions that should be taken into consideration in recommending volunteer opportunities to you? _____

EMERGENCY CONTACT INFORMATION: Name of person to contact in case of illness while on duty:

Name: _____ Relationship: _____ Phone: _____

Confidentiality Policy and Agreement:

All information concerning members, clients, former clients, staff, volunteers, financial data, and business records of Elderly United of Springfield & Clark County OH, Inc., *dba* United Senior Services, is confidential. "Confidential" means that you are free to talk about public information regarding the program you work for and your position, but you are not permitted to disclose clients' names, addresses, phone numbers, email addresses, nor talk about them in ways that will make their identity known. This is a basic component of client care and business ethics. The Board of Directors and our clients rely on staff and volunteers to conform to this Policy of Confidentiality.

Staff members and volunteers are also responsible for maintaining the confidentiality of information relating to other staff members and volunteers, with the same conditions as apply to clients.

Failure to maintain confidentiality is a serious violation of this policy and may result in termination of position or other corrective action. This policy is intended to protect you as well as United Senior Services because, in extreme cases, violations of this policy also may result in personal liability.

Certification - I have read United Senior Services' policy on confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy may lead to disciplinary action, up to and including termination of my service with United Senior Services.

Signature _____ Date _____

Printed Name _____

