

## WEST MARIN SENIOR SERVICES VOLUNTEER APPLICATION

VOLUNTEER CONTACT INFORMATION				
Last Name:		First Name:		Middle Initial:
Street Address:		City:		Zip Code:
Mailing Address:		City:		Zip Code:
Phone:	Cell:		Email:	
AREAS OF INTEREST			AVAILABILITY	
<b>Please check all areas of interest or expertise:</b> <input type="checkbox"/> HDM Program – Deliver meals to homebound seniors <input type="checkbox"/> TRIPtrans Program – Drive a senior(s) to medical appointments and/or recreational events <input type="checkbox"/> Community Lunch <input type="checkbox"/> Friendly Visitor <input type="checkbox"/> Stockstill House <input type="checkbox"/> WMSS office support <input type="checkbox"/> Seasonal Events			<b>Please check your available days &amp; times:</b> <b>Morning:</b> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>Afternoon:</b> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>Evening:</b> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>Other special interest, work experience, hobbies or skills:</b>  	
PERSONAL REFERENCES				
Please provide the names of <b>two</b> people you are not related to whom you have known at least <b>one</b> year:				
1) Name:		Phone:		Years Acquainted:
2) Name:		Phone:		Years Acquainted:
STATEMENT OF CONFIDENTIALITY				
<p>As part of their responsibility at West Marin Senior Services (WMSS), volunteers will learn of, or be entrusted with sensitive information of a confidential nature about WMSS clients, doctors, WMSS employees, or others. It is expected that a volunteer will honor the confidentiality of such information. Volunteers who may deal with sensitive information in the course of their volunteer work for WMSS are required to sign this statement of confidentiality as part of their volunteer paperwork.</p> <p>Confidential volunteer records shall be maintained by West Marin Senior Services.</p> <p>Volunteers that discontinue volunteering with WMSS for any reason are expected to continue to treat any such sensitive information as private and privileged.</p>				
Volunteer Name (please print):				
Volunteer Signature:			Date:	

**RELEASE OF INFORMATION & PHOTOGRAPH REQUEST**

I HEREBY AUTHORIZE WEST MARIN SENIOR SERVICES to release information about me that pertains to my role as a volunteer for WMSS. That information may include my name. My consent to release this information and to use any photographs(s) of me, while in the role of a WMSS volunteer, is hereby granted to use this original document, or a photographic copy, as valid authorization.

**Volunteer Name (please print):**

**Volunteer Signature:**

**Date:**

**West Marin Senior Services  
Criminal History Record Check Policy**

Criminal history record checks will be conducted for all applicants for positions that require direct contact with individuals considered vulnerable by West Marin Senior Services. In addition criminal history record checks will be conducted for applicants for positions that require the delivery of services in the homes of vulnerable individuals. Vulnerable individuals include seniors, children, dependent adults and people with disabilities, Criminal record checks will also be conducted as required to comply with laws or regulations.

Individuals are permanently disqualified from holding positions that require contact with any vulnerable individuals if they have a history of any violent or sexually exploitive behavior or elder abuse.

Individuals are permanently disqualified from holding positions that require contact with children or elders if their criminal records include any of the following:

- *Past history of sexual abuse of children or elders*
- *Conviction for any crime in which children or elders were involved*

Other than stated above, a conviction for a criminal offense will not automatically disqualify an applicant for a position with West Marin Senior Services. Applicant's criminal history records will be evaluated in the context of the specific position for which the application is submitted and the factors are listed below:

- *How recent and what circumstances surround the conduct in question – crimes that occurred within the past year or two are deemed to be more reliable indicators of an individual's qualification status for positions than crimes that occurred many years ago. However, any conviction for child sexual abuse, rape or other sexually exploitive offences, or elder abuse constitute an unacceptable level of risk extending throughout an individual's life.*
- *The age of an individual at the time of the offense –*
- *Societal conditions that may have contributed to the nature of the conduct – while social conditions will not excuse behavior, the context in which illegal behavior occurred will be considered.*
- *The probability that an individual will continue the type of behavior in question –*
- *The individual's commitment to rehabilitation and to change the behavior in question –*

Applicants for employment or volunteer service with West Marin Senior Services must sign an Authorization Statement thereby permitting the organization to initiate criminal history record checks required by this policy.

**West Marin Senior Services**

**Authorization Statement for Criminal History and DMV Record Check**

I, \_\_\_\_\_ (print your name), hereby authorize **West Marin Senior Services** to obtain information pertaining to any conviction I may have had for violation of municipal, county, state or federal laws. This information will include, but not limited to convictions for crimes committed upon elders and minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until West Marin Senior Services receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, or listing on the caregiver Registry, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

I hereby authorize **West Marin Senior Services** to obtain a copy of my Department of Motor Vehicle Driver Report.

I understand that I must be truthful and, if any statement I made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

<b>Signature of Applicant:</b>	<b>Date:</b>
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PERSONAL DATA		
Name of Applicant:		Date:
Date of Birth:	Social Security Number:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's License Number:	State of Issuance:	Expiration Date:
Auto Insurance Carrier:		Expiration Date: