

**Volunteer Application Form**

***Thank you for your interest in volunteering! Please complete this form and return it to our office. We will contact you to talk more about your availability and to schedule volunteer training.***

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| Date Applied: |

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| Personal Information |
| Name: | Birth Date: |
| Address: |
| City: | State: | Zip: |
| County: | Township: |
| Phone #: | Other Phone #: |
| Email Address: |
| Emergency Contact: | Relationship: |
| Phone #: | Alternate Phone #: |
| Gender: Male Female  | Do you go away for the winter? Yes No |
| Marital Status: Single Married Divorce Widow(er) Separated   |
| How Did You Hear About BSR’s Volunteer Opportunities? |

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| Employment |
| Currently Retired or Employed |
| Current or Previous Employer: | Phone #: |
| Occupation: |
| Briefly Describe (attached a resume if desired):  |

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| Education and Previous Volunteer Experience |
| Highest Level of Education Obtained: Some High School High School Trade SchoolAssociates Degree Bachelor’s Degree Graduate Degree  |
| Please list your past and present memberships on boards, committees, and organizations: (business, civic, community, fraternal, professional, recreational, religious and social). |
| Organization: | Role or Title: | Dates of Service: |
| Organization: | Role or Title: | Dates of Service: |
| Organization: | Role or Title: | Dates of Service: |
| Please list notable achievements in your service to above organizations:  |
| Do you have specific interests, abilities, or hobbies? Please explain: |

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| References – Please list **two** that are NOT relatives or Benzie Senior Resources Employees |
| #1 Name: | Relationship: |
| Address:  |
| City: | State: | Zip Code: | Phone#: |
| #2 Name: | Relationship: |
| Address:  |
| City: | State: | Zip Code: | Phone#: |

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| Volunteer Role(s) Considered - Check All That Apply |
| **Entertainment** | **Artistic** | **Business** |
| Guitar |  | Graphic Arts |  | Fundraising |  |
| Musical Group |  | Photography |  | Grant Writing |  |
| Piano |  | Design of Exhibits & Posters |  | Planning |  |
| Vocal |  | Knitting |  | Legal |  |
| Other Instrument(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Sewing |  | Marketing |  |
| Crocheting |  | Human Resources |  |
|  | Dance |  | Policy Development |  |
| **Decorating** |  | Public Relations |  |
| TGP Seasonal Decorating |  | **Manual Skills** | General Accounting |  |
| Christmas Tree Decorating |  | Gardening |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Wood Working |  |  |  |
| **Transportation** | Handy Person |  | **Clerical** |
| HDM Meal Delivery |  |  | Typing |  |
| Delivery of Small Items |  | **Miscellaneous** | Answering Phones |  |
| Commodities Driver |  | Kitchen Work |  | Filing/Coping |  |
| Commodities Deliverer(Must be able to lift 40 lbs.) |  | Dining Room Work |  | Labeling/Stuffing Envelopes |  |
| Telephone Reassurance Calls |  | Article Writing |  |
|  |  | Light Cleaning  |  | Newsletter Preparation |  |
| **Craft Instructor** |  | Recycling Assistance |  | Letter Writing |  |
| List Craft\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Experience Exercise Instructor |  |  |  |
| Volunteer Role(s) Considered - Check All That Apply |
| **Medicare/Medicaid Assistance Program (MMAP)** | **Committees** | **Technology Programs** |
| Walk-a-Thon |  | Class Instructor |  |
| MMAP Counselor (6-day training required/provided) |  | TGP Advisory Council |  | Class Tutor/Assistant |  |
|  |  | Private Tutor |  |
|  |  |  |  | Software installation (for clients) |  |
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| Availability and Time Commitment |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| From: |  |  |  |  |  |
| To: |  |  |  |  |  |

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| Medical History |
| Do you have any physical limitations that would affect your ability to perform your volunteer duties? □ Yes □ NoIf yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Volunteer Consent and Confidentiality Statement |

I volunteer my services for Benzie Senior Resources **(“BSR”)** and understand that I am not an employee.

I hereby agree to regard all information received in the performance of my volunteer work as confidential. I further agree to respect individual rights to privacy, as well as those of the families and the facility for whom I am volunteering. I will make every effort to abide by the confidentiality policies of **BSR**. I understand that any breach or violation of this agreement will be considered grounds for reprimand and/or dismissal.

I understand that **BSR** will respect my rights regarding privacy of information. **BSR** agrees to respect those rights in the performance of my volunteer duties and keep a "professional" confidentiality in all my statements outside the facility.

I hereby consent to the use of my name and/or photograph by **BSR** in any media (newspapers, publications, PowerPoint presentations, advertising, promotional materials, etc.) and exhibits. I hereby also release and discharge the photographer from any and all claims, including any claims for libel and/or invasion of privacy that may arise out of or in connection with the use of the photographs to which I have agreed herein. **(Please initial here \_\_\_\_ if you do not consent.)**

I hereby agree to follow any training or written job procedures provided to me in the performance of my volunteer work for **BSR** and agree to notify **BSR’s** volunteer coordinator with any questions or concerns I might have.

I also agree to contact the **BSR** volunteer coordinator as soon as possible if I am unable to report for my volunteer job.

I hereby agree to notify **BSR's** volunteer coordinator if I am injured while performing volunteer work for **BSR**. I also agree to provide the details of any injuries for required **BSR** accident reports.

I understand that **BSR** may conduct reference checks regarding my background and history if deemed necessary. I understand that all the information provided/obtained will be kept strictly confidential.

I agree that I will not solicit contributions from **BSR** clients or program participants. I will not offer for sale any type of merchandise or service, or seek to encourage the acceptance of any belief, religion, philosophy, or political affiliation to any **BSR** client or program participant.

I agree not to accept any money or gifts for my volunteer services or to give or loan money to **BSR** clients.

**Automobile Insurance Statement**

I understand if I use my personal automobile in my volunteer service, that I must have a current driver's license and keep automobile liability insurance in effect equal to the minimum limits required by the State of Michigan. I will inform Benzie Senior Resources of any future changes.

**□ Please indicate that you've read and agree to have a current driver's license and automobile liability insurance by checking the box.**

Volunteer's Signature Date

BSR Volunteer Coordinator's Signature Date

**Non-Discrimination Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Agreement**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Thank you for completing this application form and for your interest in volunteering with us.

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| BENZIE SENIOR RESOURCES AUTHORIZATION FOR BACKGROUND CHECK |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEREBY AUTHORIZE **Benzie Senior Resources** to perform a check of background including:

● Any driving records

● Any educational and/or employment/work history

● Personal references

●ICHAT State of Michigan Police background check (This information will include but not be limited to allegations and convictions for crimes committed upon minors)

 ● Any other police and/or agency records to the extent permitted by state and federal law

● Michigan Public Sex Offender Registry (PSOR)

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from certain job considerations. I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of **Benzie Senior Resources.** I further hereby hold harmless Benzie Senior Resources and/or its representatives from any actions which may be taken upon receipt of this information.

Print Name: Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**(Please Print Legibly)**

Last Name

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name

Maiden Name/Alias \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth

Email Address (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number # Expiration Date \_\_\_\_\_\_\_\_\_ or

Michigan ID # Expiration Date \_\_\_\_\_\_\_\_\_\_\_

Race Gender

Social Security Number # (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Please check here if you would like a copy of your background results emailed to you**