

Volunteer Application

For staff use only BCI date: _____
ServTracker ID #: _____
Photo ID verified by (initials): _____
Type of ID Driver's License/ID Passport

Contact Information & Demographic Information

Full Name: _____

Preferred Name/Nickname: _____

Address: _____
Street Address Apartment/Unit #

City Zip Code **Date of Birth:** _____

Phone: _____ **Cell:** _____ **Email:** _____

Preferred form of contact: _____ Opt me out of Salt Lake County's Volunteer Database

Marital Status: Married Single Widowed Divorced Separated Partner Other Decline to answer

Race: American Indian or Alaska Native Asian or Asian American Black or African American
 check all that apply White Native Hawaiian or Pacific Islander Other Decline to Answer/Unknown

Ethnicity: Not Hispanic/Latino Hispanic/Latino Other (please specify) _____ Decline to answer

Primary Language: _____ **Gender:** Male Female Other: _____

Veteran Status: Yes No **Spouse of Veteran:** Yes No

Current Living Arrangements: Alone With Others Decline to answer Number in household: _____

Emergency Contact

Name: _____ **Email:** _____ **Phone:** _____
Type: home cell work

Relationship: Spouse/Partner Child Neighbor Other (please specify) _____

I hereby acknowledge and agree that by providing emergency contact information Salt Lake County staff or representatives may contact that/those person(s) in the event of an emergency and as necessary for my safety, and as allowed by applicable state and federal law, release information about my status, or participation in County programs.

Volunteer Information

Why are you interested in volunteering with Salt Lake County Aging & Adult Services:

- I am interested in:** (check all that apply)
- Meals on Wheels
 - Rides for Wellness
 - Outreach
 - Senior Visiting
 - Senior Center
 - Health Promotion
 - Ombudsman
 - Caregiver Support
 - Wellness Calls
 - Refugee Services
 - Homeless Services
 - Unsure/More Info
 - Senior Companion
 - Foster Grandparent
 - Senior Health Information Program (SHIP)

Please note not all programs may be accepting volunteers.

Volunteer Information Continued

Site Location Preference (i.e. downtown, SLC, WVC) _____

Available Days/Time _____ Physical Limitations (i.e. no heavy lifting, pet allergies) _____

Language Skills: Spanish Russian Tongan Chinese Farsi Vietnamese Samoan Bosnian Mandarin
 Portuguese American Sign Language Other (please specify) _____

Because we work with a vulnerable population, we require a criminal background check. Have you ever been convicted of a criminal offense? Yes No If yes, do you have any additional information you would like us to consider?

_____ *If the status of your felony history changes, you must notify SLCo Aging & Adult Services immediately.*

Will you use your car during volunteer assignment? (i.e. Meals on Wheels, Rides for Wellness) Yes No

If yes, please fill out the following information:

Driver's License #: _____ **Expiration Date:** _____

Insurance Company: _____ **Policy #:** _____ **Expiration Date:** _____

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by the State of Utah.

I agree to attend an online or in person orientation to learn about the guidelines and expectations for volunteering with Salt Lake County Aging & Adult Services.

I agree to abide by the rules and expectations laid out in subsequent materials provided during my tenure.

I agree to follow all rules and expectations related to client confidentiality as will be explained in my orientation.

I am aware that Utah is a mandatory reporting state and if I suspect abuse or neglect, I will contact Adult Protective Services, as will be explained in my orientation.

I will not accept gifts or gratuities. I will not manage a client's money. I will not sell items to clients.

I confirm that the above information is accurate and truthful to the best of my knowledge. I understand that incorrect information may lead to dismissal from my volunteer position with Salt Lake County Aging & Adult Services.

How Did You Learn About Aging & Adult Services?

Word of mouth Family/Friends Senior Center Radio/TV Social Media Other _____

Volunteer Signature _____ **Date** _____

SLCo Aging & Adult Services Representative Signature _____ **Date** _____

Staff Use Only:
Volunteer Station & Assignment _____