



Dear Potential Volunteer,

Thank you for your interest in volunteering with Serving Older Adults of Southeast Wisconsin (SOA).

The first step in becoming an SOA volunteer is completing the enclosed confidential application. Make sure to fill out the entire document, including initialing and signing the last page. The information you provide helps us place you in an area that best meets your interests and talents. Within a few days of receiving your completed application, someone will contact you to discuss meeting for an interview and orientation.

Please know that SOA is responsible for instituting policies and procedures to ensure our client's safety and well-being. As a volunteer you are expected to adhere to the established policies and procedures.

We look forward to having you join the team of volunteers who share their time and talents to make a difference for older adults in our community.



- Senior Center Volunteer     Clinton Rose     Washington  
 Dining Center Volunteer     Kelly     Wilson  
 McGovern

## Volunteer Application

(Please Print)

<b>Personal Information</b>		
First Name:	Middle Name:	Last Name:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Have you ever applied to be a volunteer with SOA? Yes <input type="checkbox"/> No   If yes, when:		

<b>General Information</b>		
How did you hear about volunteering with SOA?		
<input type="checkbox"/> Newspaper <input type="checkbox"/> A Friend <input type="checkbox"/> Speaker <input type="checkbox"/> SOA Staff Member <input type="checkbox"/> Senior Center <input type="checkbox"/> Dining Site <input type="checkbox"/> Flyer <input type="checkbox"/> Social Media <input type="checkbox"/> Web Site <input type="checkbox"/> Place of Worship <input type="checkbox"/> Other: _____		
When are you available to volunteer?		
<input type="checkbox"/> Flexible <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends		
Are you willing to be part of an on-call list for special one-time only projects? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to travel outside your neighborhood?		
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how far?    Miles		
What is your primary form of transportation? <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> County Van <input type="checkbox"/> Carpool		
Do you require any special accommodations in order to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please list:		
Are you now, or have you ever served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Two Emergency Contact s(Required)</b>		
First Name:	Last Name:	Relationship:
Home Phone:	Cell Phone:	Work Phone:

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**Volunteer Interests**

Please check all interest areas that apply:

**Support Services**

- Minor Home Repair
- Entertainment
- Security/Custodial
- Activity Instructor
- Transportation
- Yard Work
- Mow  Rake  Shovel

**Health and Wellness**

- Meal Service
- Respite & Caregiver Relief

**Office and Clerical**

- Computers & Data Entry
- Filing and Copying
- Reception

**Business Support**

- Board/Advisory Rep
- Fundraising
- Newsletter
- Public Relations
- Special Events
  
- Surveys

**Other Skills or Interests:**

**Demographic Information**

**Race: (Required please check one)**

- White (Not Hispanic)       Hispanic       African American (Not Hispanic)       Asian
- Native Hawaiian or Pacific Islander       American Indian or Alaska Native       Middle Eastern
- Other Race (please list) \_\_\_\_\_  Two or More Races (please list) \_\_\_\_\_  Prefer not to answer

**Ethnicity: (please check one)**

- Non-Hispanic       Hispanic       Prefer not to answer

**Criminal History (Required\*)**

\*Please note, answering "yes" to any of the following questions does not automatically exclude a candidate from acceptance.

Have you ever been convicted of, plead guilty or no contest to a felony, misdemeanor or local ordinance violation?

- Yes     No

If yes, please explain:

Are you subject to any pending criminal charges?

- Yes     No

If yes, please explain:



## Volunteer Consent and Releases

Please read and initial next to each of the following statements:

\_\_\_\_\_  
(Initial Here) **Certification of Information (Required)**  
I certify that the facts set forth in this application and its attachments are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

\_\_\_\_\_  
(Initial Here) **Liability Release (Required)**  
I hereby release from any and all liability all representatives of SOA for their acts performed in connection with evaluating my application, background, credentials and qualifications. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions, then SOA may deny me a volunteer assignment or terminate my assignment, and I agree that SOA shall not be liable in any respect if it does so.

\_\_\_\_\_  
(Initial Here) **Automobile Insurance Policy (Required)**  
I understand that if I use my personal automobile in my volunteer assignments, I must carry the minimum state required liability insurance and will be expected to supply this information to SOA prior to using my personal automobile in my volunteer assignments

\_\_\_\_\_  
(Initial Here) **Photo Release for SOA Marketing Purposes (optional)**  
I hereby give SOA the irreconcilable right to use my picture, portrait, video image, name, or photograph in all forms and media and in all manner, for advertising, trade or in any other lawful purpose for the benefit of SOA only. I forever waive any right to inspect or approve the finished product, including but not limited to , written copy and/or an image in print or on a website, that may be created in connection therewith. I understand that SOA cannot control the unauthorized use by persons other than those under the employment of SOA, of my name or image once such name or image is published. Any claim I may have concerning unauthorized publication of my image and my named must be pursued by me against the unauthorized used. SOA disclaims any responsibility for such unauthorized use of my published image or name.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. **(Required)**

Signature of applicant:

Date:

If the volunteer is under the age of 18, his or her parent or legal guardian must complete this section:

I am the parent or legal guardian of the volunteer who has signed above. I have read and understand the provisions of this document. I consent to the volunteer participating in the volunteer assignment and I fully enter into and agree to the above volunteer consent and release statement.

Signature of parent or legal guardian:

Please print name of parent or legal guardian:

Date: