



**Thank you for offering to volunteer your time  
and efforts with Senior Concerns.**

Volunteer Name: \_\_\_\_\_

Date: \_\_\_\_\_

**To complete your volunteer requirements, you must do the following:**

1. Complete the attached two-page application. This includes signing the confidentiality agreement and signing the General Volunteer Guidelines/Rules
2. All volunteers are also required to complete a background check through the Verified Volunteer website at your own cost.
  - a. Visit us at: <https://app.verifiedvolunteers.com>
  - b. Create an Account and log in through the volunteers portal.
  - c. Select "Get Verified" and enter GOOD DEED code: 97y2fwr
  - d. Fill out the 4 steps, enter any necessary credit card information and click COMPLETE.

Once a completed application and background check are sent (background checks can take 24 -48 hours, we will be back in touch with you to match you with a senior/seniors in need.

As you know, people age 65 and up and people with chronic health conditions are the most vulnerable population to the virus.

As the non-profit serving seniors needs in the Conejo Valley we feel it is important to mobilize the community in this time of need to support our seniors at home.

*We are seeking volunteers are under age 65 (because we do not want to put anyone at risk who is considered vulnerable) and are currently health and able to help.*

There are many needs currently and we appreciate your willingness to help.  
Please check the opportunities you are available and interested in:

☐ Delivering meals from the Great Plates Restaurant program. These routes originate in Newbury Park or Westlake Village. They are Mondays, Wednesdays and Fridays and start at 3pm.

Donating needed goods (a list can be found on our website of necessities). These can be dropped off at Senior Concerns between the hours of 9am and 4pm Monday through Friday.

☐ Providing errand services for client. This includes taking their most needed list of items over the phone, shopping for them (limit to 10 items depending on availability) and delivering the items to their door. You will pay out of pocket for the items and the senior will reimburse you with a check or another method of payment.

☐ Delivering Meals On Wheels to client in Thousand Oaks and Newbury Park.

☐ Providing a friendly phone call to reduce the social isolation of being at home. We will provide you a sample script. This is a friendly chat, not a counseling session. People under the age of 18 may name these calls or offer pen pal letter writing under the supervision of their guardian (the guardian should complete this application)



## Volunteer Application

Please fill out and return this form to Senior Concerns. You may email to: [volunteers@seniorconcerns.org](mailto:volunteers@seniorconcerns.org) Please print.

Date: \_\_\_\_\_ ☐ Mr. ☐ Mrs. ☐ Ms. ☐ MD ☐ PhD. ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Nickname

\_\_\_\_\_  
Group Name

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

In case of emergency contact:

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Home Telephone # Cell Phone # Relationship

Do you regularly check your E-mail address? ☐ Yes ☐ No

How did you learn about Senior Concerns? \_\_\_\_\_

List any specific skills or qualifications that you might like to utilize at Senior Concerns: \_\_\_\_\_

Do you speak a foreign language? ☐ Yes ☐ No If yes, which language(s) \_\_\_\_\_

\* All volunteers must complete the Verified Volunteer Background check done at their own expense.

\*\*All Meals on Wheels drivers must provide a current driver license and proof of current insurance.

Have you ever been convicted of a crime other than a minor traffic violation? (You may omit any convictions which have been sealed, expunged or statutorily eradicated.) ☐ Yes ☐ No

If yes, what charge? \_\_\_\_\_

Date convicted: \_\_\_\_\_ Where \_\_\_\_\_

\*Persons with a history of violent crimes or who must register as a sex offender are not eligible to volunteer at Senior Concerns do to the vulnerable nature of the participants in which we serve.

### Confidentiality Statement & Agreement

By signing this application, I agree to treat all information I may hear, see, read or otherwise acquire at Senior Concerns as highly confidential and I will not reveal or discuss this information outside my official duties at Senior Concerns.

Furthermore, by signing this application, I affirm that all information stated in this application is true and complete to the best of my knowledge and that any false statements, omissions or misrepresentations made by me could result in termination of my volunteer duties at Senior Concerns, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Senior Concerns Volunteer Agreement

Volunteer Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

### **General Volunteer Guidelines/Rules**

1. All volunteers are under the supervision of the Senior Concerns staff unless otherwise notified.
2. Should you or any other person at Senior Concerns, the Senior Concerns Bargain Boutique or anyone on a Meals On Wheels route have an accident or are injured while on duty, report the information immediately to the Senior Concerns staff person in charge. Staff must complete an accident report. It is your responsibility to carry your own medical insurance.
3. Wear appropriate clothing for the type of activity in which you will be involved. No heels or open toe shoes please.
4. Notify Senior Concerns as soon as possible if you cannot volunteer on your scheduled day. Call us at 805-497-0189.
5. Volunteers may not solicit, hand out business cards, or advertise their services, or the like, to Senior Concerns participants, participant's families, donors, volunteers or staff.
6. A volunteer may be removed from the program when there is reasonable cause to do so. Reasonable cause may include, but is not limited to the following: extended absences, inability to accept supervision, failure to observe safety rules and/or Senior Concerns policies and divulging confidential information.
7. As you perform your duties, please remember you are a representative of Senior Concerns and our goal is to treat all patrons and staff with enthusiasm and respect.
8. Observe all safety precautions to limit exposure to COVID19 for yourself and the people we serve. This includes washing hands for 20 seconds with soap before and after work is done. Keep a 6-foot distance between yourself and our clients. If you have any cold or flu symptoms refrain from doing volunteer work and call to let us know. Do not enter anyone's home.
9. If you are concerned about the well being of a client or have cause to believe there is abuse or neglect going on in the home, report this immediately to Senior Concerns staff so an Adult Protective Service report can be made.
10. No entering the client's home and no hugging of clients as a protective measure against spread of the Coronavirus. You are required to maintain a 6-foot distance between yourself and the client.
11. Senior Concerns will provide to you, if needed, a cloth mask, hand sanitizer and gloves to ensure your safety.

Thank you for giving your time and talents to benefit the lives of those who live in our community.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_