

Word of Mouth Telephone Book Newspaper Poster/Flyer
 Drop in Visit Service Site Web Site Other (_____)

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify an applicant from volunteering)

Languages Spoken: English Spanish Other _____

The following section will assist us in placing you:

Through my volunteer involvement I hope to: (check all that apply)

Put my ideas to work Remain active
 Develop new skills/experience Feel that I am making a difference
 Make new social connections To earn more income
 Use my skills to help meet community needs

I would like to Volunteer: (check all that apply)

As a driver Where I work on my own or where I have a lot of freedom
 In an office As part of a group where I can meet other people.
 Wherever I am needed For this specific program: _____

I prefer to volunteer: Mornings Afternoons Evenings

I am unable to volunteer: Mornings Afternoons Evenings

Approximately how many hours do you wish to serve per week? _____

Please list any physical limitations to be accommodated with regard to volunteer placement : _____

Certification:

I hereby certify that the information provided on this application is true to the best of my knowledge. I understand that nay misinformation or material omission could result in unfavorable consideration or immediate dismissal. I allow release of this information for verification and evaluation purposes, which may include a background check. I authorize contact of my personal references for verification and evaluation purposes. If I am using my own vehicle, I agree to provide insurance as per Montana State law. I understand volunteers' photographs may be used for publicity or news purposes. I agree not to hold Lake County Council on Aging, or any of its programs, liable for any incident or accident that may occur while performing volunteer service.

Signature: _____ Printed Name: _____ Date _____

This information is needed for volunteer opportunities that involve driving:

Driver's License Number: _____

Copy Driver's License

The Lake County Council on Aging has my permission to access my driving record.

Signature:

Printed Name:

Date

Confidentiality Agreement

Lake County Council on Aging values the protection of confidential information concerning clients, caregivers, volunteers and co-workers. It is the obligation of every employee and volunteer staff member to maintain this confidentiality.

When working with Lake County Council on Aging, paid and non-paid staff **will not** discuss or otherwise divulge any information concerning any client, customer, or fellow staff member of Lake County Council on Aging except on a need to know basis for the benefit of the client, customer or fellow staff member.

When working with other organizations, paid or non-paid staff may not provide proprietary information to outside organization or individual, unless authorized by management, client, customer or staff member necessary in the performance of their duties. This includes computer generated forms or any other generated information of any sort.

Care should be taken at all times to see that case folders, employee files and other confidential information are secure and not accessible to others.

I have read and agree to adhere to the conditions of this confidentiality agreement. I also acknowledge that any breach of confidentiality may result in disciplinary action up to and including termination.

Signature

Date

Printed Name

Photo Release Form

I hereby grant permission to the Lake County Council on Aging to use photographs and/or video of me taken while volunteering in publications, news releases, online, and in other communications related to the mission of Lake County Council on Aging.

Signature

Date

Printed Name

Lake County Council on Aging

Checklist for Orientation of New Volunteer Staff

Obtain the following on the first day of volunteering:

- Application with signed confidentiality statement
- Personal Data Form (Emergency Notification Information)

The immediate supervisor for each new volunteer staff member should accomplish the items on this checklist. **This should occur on the volunteer staff member's first day of work.** Each of these items is to be discussed with the new volunteer staff member. When all of the items on this checklist have been completed and checked, the immediate supervisor should sign and return the form to the Executive Director.

Name of Volunteer Staff Member: _____

Introduction to Staff

- Front Office
- Immediate Co-workers
- Executive Director

Facilities and Equipment Orientation

- Office layout (restrooms, break room, supply room, etc.)
- Clipboards, Dropbox, Keys
- Office security measures (fire exits, fire extinguishers, first aid supplies, etc.)
- Personal items/privacy
- Vehicle walk through

Orientation to the Agency

- Summarize the mission and history of the agency
- Describe the organization of the agency, programs, services, and clientele served
- Provide recent newsletter(s), agency brochure, annual report, web site, etc.

Agency Policies and Procedures

- Explain agency policy and procedure regarding:
 - Team Ground rules
 - Telephone courtesy and personal use of telephone, email, Internet, social media
 - Personal appearance
 - Confidentiality
 - Conflict of Interest
 - Attendance (including work schedule, punctuality, breaks and time recording)
 - Smoking, Drugs, Alcohol
 - Anti-Harassment

Orientation to the New Volunteer Staff Member's Job

- Explain the purpose of the volunteer position
- Review volunteer job description (if applicable) and review tasks of position
- Where appropriate, stress the confidential nature of the work
- Stimulate job enthusiasm and satisfaction in doing work well
- Explain process for obtaining initial supplies and equipment
- Go over policies and procedures

Signature of Volunteer Staff Member

Date

Signature of Immediate Supervisor

Date