

Longfellow/Seward Healthy Seniors
2800 E. Lake Street
Minneapolis, MN 55406
612-729-5799

Volunteer Application

Name _____ Date of birth: __/__/____

Address _____

Phone #s: _____

Email: _____

* * * * *

Type of activity you are interested in (check all that apply):

- Friendly Visitor Transportation Phone Tree – call seniors
- Caregiver Respite Office Support Monthly Senior Social
- Shopping/Errands Special Events
- Other _____

Availability: Weekdays Weekends
 Mornings Afternoons Evenings

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How did you hear about volunteer opportunities at Healthy Seniors?

Please list any special skills, hobbies or interests that would be applicable to your volunteer service.

Do you have your own transportation? Yes No

Applicable Work / Volunteer Experience

Company/Agency

Dates

Type of work or volunteer activity

Do you have any physical limitations or health concerns which will require special consideration/accommodation? Yes No

If so, please describe: _____

Have you ever been convicted of a criminal offense? Yes No

(Note: Healthy Seniors requires criminal background checks of potential volunteers.)

Emergency Contact Information

Name _____ Phone #s _____

Address _____

References (please provide 3 that are not relatives.)

Name Address Phone # Relationship

I confirm that the above information is true and accurate to the best of my knowledge.

Signature _____ Date _____

Note - After you've had a chance to meet with the Service & Volunteer Coordinator, you'll also need to complete a Confidentiality Agreement, an Informed Consent form for the criminal background check, and, if providing transportation, a supplemental Volunteer Driver Application.

Longfellow/Seward Healthy Seniors
Confidentiality Agreement

I, _____, understand and accept the following policy of Longfellow/Seward Healthy Seniors:

- I agree to keep confident all information (written and oral communications) that relates to all individuals served by Longfellow/Seward Healthy Seniors.
- I will share client information only with staff of Longfellow/Seward Healthy Seniors. Communications with other professionals involved in the individual's care requires a Release of Information form signed by the client for a specific purpose.
- I acknowledge the sensitive nature of client information and will safeguard the Healthy Seniors client's right to privacy.

Printed Name: _____

Signature: _____ Date: _____

Longfellow/Seward Healthy Seniors
Volunteer Driver Supplement

Volunteer drivers help neighborhood seniors maintain their independence by transporting them to run errands, get to appointments, and attend social activities.

Longfellow/Seward Healthy Seniors does not own or operate vehicles to transport clients. Volunteer drivers must have access to their own cars. While Healthy Seniors has liability insurance to protect the agency and its volunteers, Volunteer Drivers are required to carry all automobile insurance as required by law.

To protect our clients, Longfellow/Seward Healthy Seniors, and you, the volunteer, Healthy Seniors requires Volunteer Drivers to provide the following information:

Do you own a car or have access to a car that is owned by someone else and that you are insured to drive? Yes No

Driver's License # _____ State ____ Exp. Date _____

Insurance Company _____

Policyholder's Full Name _____

Policy # _____

Note - You must attach a copy of your driver's license and a copy of your proof of insurance card.

I understand that Longfellow/Seward Healthy Seniors may conduct a check of my driving record as a part of the screening process for volunteer assignment. I verify my knowledge of and consent to this background check.

I further verify that:

- my driver's license, as recorded above, is current and valid;
- my insurance coverage, as recorded above, is adequate according to the laws of the State of Minnesota;
- and, that I will drive a car for my volunteer assignment only if that car is in safe working condition.

Volunteer Signature _____ Date _____