

SCHUYLER COUNTY OFFICE FOR THE AGING VOLUNTEER APPLICATION

CONTACT INFORMATION			
Last Name:	First Name:	MI:	Birth Month: Day:
Home Address:	City:	State:	Zip Code:
Mailing Address if different from above:		Drivers License#	
Home Phone:	Alternate Phone:	E-Mail Address:	
VOLUNTEER EXPERIENCE			
Organization/Agency:		Address:	
		Date Started/Ended:	
Describe the work performed:			
Organization/Agency:		Address:	
		Date Started/Ended:	
Describe the work performed:			
EMPLOYEMENT HISTORY			
Employer:		Address:	
		Date Started/Ended:	
Describe the work performed:			
Employer:		Address:	
		Date Started/Ended:	
Describe the work performed:			
EDUCATION			
Institution Name/Location:	Degree:	Courses Studied:	Currently Enrolled: Yes [] No []

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OTHER		
Have you ever been convicted of a felony? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	If yes, please explain. Prior conviction does not automatically preclude you from volunteering	
Are you licensed to sell health insurance products? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If yes, what is the status of your current license?		
PHYSICAL		
Do you require any accommodation(s) to successfully engage in your volunteer assignment?		
Please list allergies, conditions or medications that OFA should be aware of in the event of an emergency, i.e. food allergies, cardiac condition, insulin dependent diabetes, medic alert bracelets/pendants, etc.		
EMERGENCY CONTACT		
First Name:	Last Name:	Home Phone:
		Alternate Phone:
Address:		Relationship:
SPECIFICS		
What type of volunteer work are you interested in doing? <input type="checkbox"/> Meal Delivery <input type="checkbox"/> Medication Pickup <input type="checkbox"/> Grocery Shopping <input type="checkbox"/> Client Transportation <input type="checkbox"/> Phone Pal <input type="checkbox"/> Health Ins. Counseling		
Time available for volunteering: Mon [<input type="checkbox"/>] Tues [<input type="checkbox"/>] Wed [<input type="checkbox"/>] Thurs [<input type="checkbox"/>] Fri [<input type="checkbox"/>] Sat [<input type="checkbox"/>] As Needed Sun [<input type="checkbox"/>] As Needed		
Morning (9:00am- Noon) [<input type="checkbox"/>] Afternoon (Noon- 5:00pm) [<input type="checkbox"/>] Evenings (5:00- 8:00pm) [<input type="checkbox"/>]		
Frequency of Availability: Weekly [<input type="checkbox"/>] Semi-Weekly [<input type="checkbox"/>] Monthly [<input type="checkbox"/>] Other [<input type="checkbox"/>] Specify: _____		
How did you hear about us?		
REFERENCES - Please list 2 references. Do not include relatives.		
Name:	Organization/Agency:	Relationship:
Email:		Phone Number:
Address:		
Name:	Organization/Agency:	Relationship:
Email:		Phone Number:
Address:		

**SCHUYLER COUNTY OFFICE FOR THE AGING
VOLUNTEER APPLICATION**

Please read the following statements carefully and sign and date on the corresponding lines.

ONCE COMPLETE PLEASE RETURN TO:

Schuyler County Office for the Aging

323 Owego St., Unit 7

Montour Falls, NY 14865

Schuyler County Office for the Aging does not engage volunteers for COURT MANDATED COMMUNITY SERVICE.

Volunteers agree to serve any client with whom they come into contact regardless of race, creed, color, sex, sexual orientation, age or disability.

Some volunteer assignments require a criminal and/or motor vehicle background check. You will be advised if a background screening is required for your volunteer assignment. No background screenings will be conducted without your permission.

I hereby give my consent to the Schuyler County Office for the Aging to contact my references, past employers, and check my driving record.

In addition, by signing below, I verify that if providing health insurance counseling sessions, I am not licensed to sell health insurance products.

Applicant Signature

Date

Parent of Guardian Sign

Date

Volunteer Skills & Interests

Please ✓ all that apply

CAREER SKILLS

- Education/Teaching/Training
- Event Planning
- Fundraising
- Healthcare
- Legal
- Management
- Marketing/Advertising
- Carpentry
- Roofing
- Mason
- Plumbing
- Electrician
- Professional Driver
- Photographer

COMPUTER SKILLS

- Microsoft Word
- Microsoft Publisher
- Microsoft Excel
- Microsoft Access
- Webpage Design
- Email

CLERICAL SKILLS

- Friendly customer service
- Fast/accurate typing
- Data entry
- Organized
- Detail oriented
- Verbal/written communication

SOCIALIZATION

- Interact with people
- Work alone
- Communicate by phone
- Communicate in person

OTHER SKILLS

HOBBIES/INTERESTS



CALL 607-535-7108

323 Owego St., Suite 7, Montour Falls, NY 14865

**SCHUYLER COUNTY OFFICE FOR THE AGING
VOLUNTEER APPLICATION**

**Authorization Form Consent for Criminal Background History
Check Authorization/Waiver/Indemnity**

Each volunteer to be screened must sign an authorization/waiver/indemnity form, giving approval for Schuyler County Office for the Aging to perform a criminal background check. I hereby give my permission to the Schuyler County Office for the Aging to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by Schuyler County Office for the Aging and a procedure is available for clarification if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Schuyler County Office for the Aging and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of the Schuyler County Office for the Aging) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer.

Applicant's Signature

Date

Applicant's Printed Name (last, first)

List maiden name or any other name used

~Continued on backside~

**SCHUYLER COUNTY OFFICE FOR THE AGING
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Gender: Male Female **Date of Birth (month/day/year):** _____

Address History (past 5 years required) **Social Security Number:** _____

Current Address:

Street City State # Yrs at Address

Previous Address:

Street City State # Yrs at Address

Previous Address

Street City State # Yrs at Address

Previous Address:

Street City State # Yrs at Address

OFFICE USE ONLY.....

County Screening Performed: First Advantage

Other: _____ **Other:** _____

Background check search completed by: _____ **on** _____

Sex Offender search completed by: _____ **on** _____

Signature: _____ **Date:** _____

"An Equal Opportunity / Affirmative Action Employer"

**SCHUYLER COUNTY OFFICE FOR THE AGING
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**SCHUYLER COUNTY
Security and Confidentiality Agreement**

As a volunteer for SCHUYLER COUNTY, and as a condition of my assignment I agree to the following:

1. I understand that I am responsible for complying with the HIPAA/Confidentiality policies, which are outlined below.
2. I understand that in the course of my volunteer assignment, I may encounter medically related or other individually identifiable information regarding a client. I agree to treat all information received in the course of my assignment with Schuyler County, which relates to the clients of the County, as confidential and privileged information.
3. I will not ask for or attempt to access client information unless I have a need to know this information in order to perform my volunteer assignment.
4. I will not disclose information regarding the County's clients to any person or entity, other than as necessary to perform my volunteer assignment, and as permitted by the County.
5. If assigned computer usage, I will not log on to any of the County's computer systems that currently exist or may exist in the future using a password other than the one assigned to me.
6. I will safeguard my computer password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my identification badge.
7. I will not allow anyone, including other employees, to use my password to log on to the computer.
8. I will log off of the computer as soon as I have finished using it.
9. If allowed email access, I will use e-mail to transmit client information only as instructed by the Privacy Officer.
10. I will not take client information from the premises of the County in paper or electronic form without first receiving permission from the Privacy Officer.
11. Upon cessation of my volunteer assignment with the County, I agree to continue to maintain the confidentiality of any information I learned while a volunteer and agree to turn over any keys, access cards, or any other device that would provide access to the County or its information.
12. I agree to abide by the County's policies and procedures and department specific policies and procedures that pertain to protecting individually identifiable and protected health information. I understand that I may be subject to disciplinary action if I violate County Privacy Practices as outlined above. Inappropriate disclosures can lead to suspension, dismissal, civil liability or criminal action against the offending volunteer or termination of any volunteer's assignment.

My signature below acknowledges I have read and understand this Security and Confidentiality Agreement.

Name (print)

Name (signature)

Date