



**Aging & Family Services**  
**875 S Mineral Street**  
**Keyser, WV 26726**  
**(304) 788-5467**

# Volunteer Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

## PLEASE PRINT

Position(s) Applied: <b>VOLUNTEER</b>		Date of Application:	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Birth Date	Social Security Number	

On what date would you be available to begin volunteering? \_\_\_\_\_

What days and hours are you willing to volunteer? \_\_\_\_\_

Do you have a current, valid drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a vehicle available for your use? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been **convicted** of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

( A national background check will be performed before employment—please detail if YES is marked)

Describe any instance(s) where you were convicted of any crime:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the reasons you wish to volunteer.

\_\_\_\_\_

\_\_\_\_\_

Are you volunteering because of court order or for another agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list the agency, contact person and phone number of the supervising agent

\_\_\_\_\_

# Education

	<b>Name and Address Of School</b>	<b>Course of Study</b>	<b>Years</b>	<b>Diploma/ Degree</b>
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate/ Professional</b>				

# Specialized Training

Describe any specialized training, apprenticeships, skills and extra-curricular activities. List professional, trade, business, or civic activities or office held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

<hr/> <hr/> <hr/> <hr/> <hr/>
-------------------------------

# Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. Also, list specialized skills and equipment or machinery you can use. (I.E. Calculator, Computer, Blood Pressure, etc.)

<hr/> <hr/> <hr/> <hr/> <hr/>
-------------------------------

# Employment Experience

Start with your present or last job and #1 and work back. Include and job-related assignments and volunteer activities. You may exclude employment which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

# 1	Employer:		Dates Employed From                  To		Work Performed
	Address:				
	Job Title:	Supervisor:			
# 2	Employer:		Dates Employed From                  To		Work Performed
	Address:				
	Job Title:	Supervisor:			

## Confidentiality of Client Information

The confidentiality of all client information and records must be safeguarded. All Aging and Family Service employees and volunteer workers are specifically instructed not to:

1. Discuss individual cases or clients with other individuals, employees, businesses, or agencies except as required to provide the client with services needed or requested. Under no circumstances are specific or identified clients or cases to be discussed in non-work situations.
2. Release names, addresses, or telephone numbers of clients or staff to any individual, agency, or business without the specific consent of the client.
3. Provide information regarding financial status, need (social or economic), physical condition of any client to any individual, agency, or business without the specific consent of the client.

Client's informed consent to release information or records shall be obtained in writing.

No employee or volunteer of Aging & Family Services is authorized to release a listing of clients, client's addresses, donors, birthdays, mailing or similar listings to any individual, agency, or business except where authorized by the Executive Director and/or the Board of Directors.

Client confidentiality must be safeguarded at all times and specific requests for confidential information must be referred to the Executive Director for action.

# References

References need to be filled in with a complete address and phone number where they can be reached. References can not be members of your immediate family.

1.	_____	_____
	Name	Phone Number
	_____	_____
	Address	
2.	_____	_____
	Name	Phone Number
	_____	_____
	Address	

# Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a decision. I understand that a background check will be performed as a requirement for volunteer status.

I understand that false or misleading information given in my application or interview(s) may result in my dismissal as a volunteer. I understand, also, that I am required to abide by all rules and regulations of Aging & Family Services.

I hereby understand and acknowledge that any volunteer relationship with this organization is of an "at will" nature, which means that the Volunteer may discontinue service at any time and the Agency may dismiss the Volunteer at any time with or without cause.

As a volunteer, I understand I am not eligible for Workers Compensation Insurance. I may or may not complete any assigned task at my own free will. I, the undersigned, hereby agree to indemnify and hold harmless Aging & Family Services of Mineral County, employees, representatives, volunteers, and assigns from any and all actions, or claims of whatsoever kind or nature which I may have or at any time in the future have as a result of any injury, accident or disease arising out of my volunteer service.

I have read, understand and accept the confidentiality policy of Aging & Family Services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\***

Interview Date \_\_\_\_\_ Interviewed by: \_\_\_\_\_ Hired: \_\_\_\_\_ Hire Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_