

Senior Services



Southwest
Michigan

Return To:

Tracie Wheeler, Volunteer Services Manager
Senior Services of Southwest Michigan
918 Jasper St., Kalamazoo, MI 49001
Fax: 269-382-3189; twheeler@seniorservices1.org

Volunteer Application – Adult (18 & Older)

Date _____

Name _____ Phone _____ Male ___ Female ___

Mailing Address _____ Birth Date _____

City _____ State _____ Zip _____

E-mail Address _____

How did you hear about our volunteer opportunities? _____

What volunteer opportunity or service area are you interested in? _____

* We are not accepting applications for court-ordered community service.

List your availability for volunteering during our business hours of Monday – Friday, 8:30 a.m. to 5:00 p.m.

I do ___ do not ___ give permission for my name and photograph to be used by Senior Services for publicity.

Race and Ethnic Background American Indian/Eskimo/Aleut _____ Asian/Pacific Islander _____

Black _____ White _____ Multi-Racial (indicate) _____

Primary Means of Transportation to Volunteer Activity (check one)

Use Own Car _____ Bus _____ Van Service _____ Walk _____ Other Driver _____

Driver's License Number _____ Expiration Date _____

Employment and Volunteer Experience

Are you employed? Yes _____ No _____ Current Employment _____

Are you retired? Yes _____ No _____ Last Place of Employment _____

Are you a Veteran? Yes _____ No _____ Education/Training _____

Previous Volunteer Service _____

Current Volunteer Service _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Mailing Address _____ City/State/Zip _____

In case of an emergency, do you authorize emergency treatment? Yes _____ No _____

Beneficiary for Accident Insurance

Name _____ Relationship _____ Phone _____

Mailing Address _____ City/State/Zip _____

PLEASE SEE OTHER SIDE

References

List 2 references (other than relatives) who have known you for at least 2 years.

Name _____ Email Address _____

Street _____

City/State/Zip _____ Phone _____

Name _____ Email Address _____

Street _____

City/State/Zip _____ Phone _____

Have you ever been convicted of a felony and/or misdemeanor? Yes _____ No _____. If yes, please explain

Volunteer Auto Safety Certification

Driving Record

Answer by marking Yes or No.

Yes _____ No _____ Are you currently a licensed driver? A copy of your license will be kept on file.

Yes _____ No _____ Do you currently carry, on the personal vehicles you drive for volunteering, at least the State of Michigan required minimum basic insurance coverage?

Yes _____ No _____ Do you currently carry, on the personal vehicles you drive for volunteering, at least the required minimum basic insurance coverage for the state of your vehicle registration/drivers license?

Yes _____ No _____ Have you received a ticket for any driving violations (parking tickets are not included) in the past 2 years? (If yes, explain the nature of the ticket(s) and attach to this form.)

Agreement to Notify of Driving Events

I agree to immediately inform the Volunteer Services Manager & my supervisor if my driver's license is suspended or revoked, or if I have *Driving While Intoxicated or Impaired (alcohol or drugs)* charges pending.

I must also notify the Volunteer Services Manager & my supervisor if my personal auto insurance is cancelled or not renewed. These notifications are required even if the offenses are not related to my volunteer work for Senior Services. This information will not be released to unauthorized persons.

Traffic Laws

I agree to follow all traffic laws, observe speed limits, and operate vehicles in a safe manner.

Seat Belt Usage

I agree to transport persons only in the passenger seats equipped with appropriate seat belts. I agree to require seat belt usage at all times. This rule does not apply in buses that are not outfitted with seat belts.

Safe Vehicles

I agree to transport persons only in vehicles that are in safe operating condition.

By signing below I acknowledge that I have truthfully and accurately responded. I agree to the auto safety certification items, and I understand that:

- I am authorizing a check of references supplied by me and confidential criminal history checks to be conducted on me by Senior Services whether I am a current volunteer or an applicant.
- If I utilize my personal vehicle in the performance of my volunteer duties, my driving record will be requested.
- I must provide a copy of my driver's license and/or government issued identification card with this application to allow Senior Services to conduct confidential criminal history and driving record checks.
- I will notify my supervisor and Volunteer Services Manager if any of the Auto Safety Certification driving events listed above occurs.

Signature _____ Date _____