



Serving Our Seniors(SOS)
3401 Booth Calloway Rd.
Richland Hills, TX 76118

Cindy McKinnon
Volunteer Coordinator
817-282-0531 X120
volcoor@sostx.org

VOLUNTEER APPLICATION

Date _____

NAME:

FIRST MID INT MAIDEN LAST DATE OF BIRTH

CONTACT INFORMATION:

HOME PHONE CELL PHONE HOME EMAIL

CURRENT ADDRESS APT

CITY STATE ZIP YRS MTHS HOW LONG @ THIS ADDRESS?

Do you speak any language other than English?

Spanish? Sign Language? Other?

Are you comfortable volunteering with Adults with Other Abilities (blind, deaf, memory loss)?

No Yes If Yes, are you comfortable with all or please specify

EMPLOYER: POSITION:

WORK PHONE: May we call you @ work? Yes No

EMAIL ADDRESS: May we email @ work? Yes No

RETIRED FROM: POSITION:

EMERGENCY CONTACT:

NAME: RELATIONSHIP:

ADDRESS: CITY/ZIP:

HOME/CELL PHONE: WORK PHONE:

Transportation: We serve clients in the 11 mid-cities areas and provide transportation to doctor offices in those cities as well as the Fort Worth & Arlington Hospital districts. We provide drives to routine doctor appointments as well as quality-of-life drives to the grocery store, pharmacy, food banks, bank, post office and other places as needed.

Helping Hands: Provides minor home repair & seasonal lawn care that enables seniors to stay independent and in their own homes for as long as possible.

Social Outreach: One of the missions of SOS is to crack the isolation of our senior neighbors. We provide friendly visits, phone calls, monthly luncheon, social events and Christmas food and gift baskets.

Office Volunteer: Works in Office answering phones and scheduling transportation drives. Commitment of one day/week or can be substitute on call when needed.

VOLUNTEER OPPORTUNITIES (Please mark activities of interest to you and days/times you are available)

TRANSPORTATION Willing to drive Weekdays Yes No Willing to drive on Saturdays? Yes No

HELPING HANDS

MINOR HOME REPAIRS RAMPS/GRAB BARS INSTALLS ADOPT-A-LAWN HOME SAFETY INSPECTIONS

SPECIAL SKILLS

CARPENTRY ELECTRICAL HVAC

TREE TRIMMING PLUMBING MASONRY OTHER _____

SOCIAL OUTREACH

VISITING/PHONE FRIENDS MONTHLY LUNCHEONS/ SENIOR EVENTS

OTHER VOLUNTEER OPPORTUNITIES

OFFICE VOLUNTEER VOLUNTEER FOR FUNDRAISING EVENTS (Festival of Friends, Golf Tournament etc.)

OTHER VOLUNTEER INTERESTS _____

AUTO INSURANCE (Required for Volunteer Drivers):

COMPANY _____		POLICY NUMBER _____		EXPIRATION DATE _____	
AUTO LICENSE NUMBER _____		STATE _____	AUTO MAKE _____	AUTO MODEL _____	YEAR _____
TYPE OF VEHICLE: <input type="checkbox"/> CAR <input type="checkbox"/> TRUCK <input type="checkbox"/> SUV <input type="checkbox"/> VAN <input type="checkbox"/> 4-DOOR <input type="checkbox"/> 2-DOOR # OF PASSENGERS _____					
Please be sure to attach a COPY of your DRIVER'S LICENSE and PROOF OF INSURANCE when returning this profile.					

How did you hear about Serving Our Seniors? _____

I hereby certify that all answers given by me on this profile are true. I authorize Serving Our Seniors to write or telephone my references, and I release Serving Our Seniors from any liability based upon such release.

Volunteer Signature **Date**

Signature of Parent or Legal Guardian (if applicant is under 18) **Date**

Executive Director Signature **Date**

It is the policy of Serving Our Seniors to conduct background checks on volunteers who will have independent access to clients and/or the clients' homes. Serving Our Seniors utilizes the services of VeriFYI of the Volunteer Center of North Texas to conduct background checks on applicants. Please be certain that all forms have been filled out completely prior to returning them to the Serving Our Seniors office.

For Office Use Only:		
Completed Application _____	VeriFYI Date _____	Orientation Date _____
Database Entry Date _____	Database entry initials _____	



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3401 Booth Calloway Rd.
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Jane Nauman
Volunteer Coordinator
817-282-0531 X120
jnauman@sostx.org

UNCONDITIONAL RELEASE AND INDEMNIFICATION AGREEMENT

I understand that Serving Our Seniors is a non-profit, tax-exempt corporation, the purpose of which is to provide medical appointment transportation, minor home repairs, for those clients who are homeowners, and yard work for our clients in the Northeast Tarrant County area who are elderly, and unable to transport or manage repairs and yard work for themselves due to age and/or health related issues. I further understand that there are certain possible risks of personal injury and property damage or loss inherent in the performance of these services for individuals. I have volunteered my services to Serving Our Seniors with full knowledge and awareness of these possible risks and hereby personally and voluntarily assume all risks of injury, damage or loss. In addition, I hereby unconditionally and irrevocably release Serving Our Seniors and each of its officers, directors, employees and volunteers, and agree not to assert any claims or otherwise take any legal action, with respect to any injury, loss or damage to persons or property which arise out of or result from my performing volunteer services for SOS. Further, on behalf of myself and on behalf of my family, estate, heirs, assigns or any other persons claiming by, through or under me, I hereby indemnify, defend and hold harmless Serving Our Seniors and its officers, directors, employees and volunteers from and against any claims, actions, causes of action, liability, damages or losses sustained or suffered which arise out of or relate to my performing volunteer services for Serving Our Seniors. Finally, I understand that (i) the execution of this Unconditional Release and Indemnification Agreement is a condition of Serving Our Seniors allowing me to perform volunteer services on its behalf, (ii) SOS relied on the agreements contained herein, and (iii) this Agreement shall be continuing in nature and shall automatically apply each time I am performing volunteer services on behalf of MCCC.

Volunteer Signature

Date

Print Volunteer Name

Signature of Parent or Legal Guardian (if applicant is under 18)

Date

CONFIDENTIALITY AGREEMENT

I promise that I shall hold in confidence and not divulge any information regarding clients involved in Serving Our Seniors. I will not violate the confidential relationship between Serving Our Seniors, its clients, program and volunteers. I accept full responsibility for maintaining the confidential and private nature of all records and information entrusted to my care.

Volunteer Signature

Date

Print Volunteer Name

Signature of Parent or Legal Guardian (if applicant is under 18)

Date

PHOTO AND PRINT AGREEMENT

I DO [] DO NOT [] consent to and authorize the use and reproduction by Serving Our Seniors of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

I DO [] DO NOT [] consent to and authorize the use by Serving Our Seniors of any and all printed references of me, my name and/or any positive comments or anecdotes related to clients for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Volunteer Signature

Date

Print Volunteer Name

Signature of Parent or Legal Guardian (if applicant is under 18)

Date