



Pullman Community Council on Aging Senior Chore Service Volunteer Application

Name _____ Date: _____

Address _____ City _____ State _____

Zip Code _____ Sex Male Female Phone _____ Hm Cell

Email _____ Employer/School _____

Church or group affiliation, if applicable _____

Emergency contact:

Name _____ Relationship _____

Phone Number _____ Location _____

Volunteer preferences:

Which of the following services are you willing to provide?

Outdoor: Yard cleanup Leaf raking Periodic Yard Maintenance Snow Shoveling
 Light home maintenance and repair (outdoor)

Indoor: Indoor cleaning Re-arranging furniture Flipping Mattresses Packing
 Light home maintenance and repair (indoor) Computer assistance
 Meal Preparation Companionship (e.g., visiting, tea, etc.)

Other: Moving items to another location Running errands
 Entertainment (e.g., attending concerts, movies, etc.)

What are your skills and interests relevant to volunteering?

List any physical limitations that may prevent you from participating in certain volunteer activities:

List any languages you speak other than English: _____

How often would you like to volunteer? one time weekly monthly as needed

When are you available to volunteer? mornings afternoons evenings weekends only
 flexible, call me about needs _____

How did you found out about Senior Chore Service? _____

Risk Management/Assessment Section

I, _____, understand and accept the risk of injury or illness arising from my volunteer work with the Pullman Community Council on Aging (PCCoA) and hereby release and agree to hold free from all claims for damages the PCCoA and its respective officers, directors, and employees. I also agree to adhere to the practices stated in the Volunteer Handbook. I understand that failure to adhere to any part of this code may result in suspension from my volunteer duties and/or termination of my volunteer relationship with PCCoA.

Signature of applicant

Date

Signature - parent/guardian if applicant under 18 yrs.

Printed name - parent/guardian

Reference (not a relative):

Name _____ Phone _____

Address _____ City _____ State _____

Email (if known) _____

If you will be using your car at any time as a volunteer, please complete:

Driver's License Number _____ State _____ Date issued _____

Insurance Company _____ Insurance Expiration Date _____

If you have ever been convicted of a felony, please indicate the offense below (a felony conviction does not necessarily bar you from volunteering): _____

Washington State Patrol Background Check

Pursuant to the Revised Code of Washington (RCW) 43.43.830-845, businesses or organizations providing services to children, developmentally disabled persons, and vulnerable adults need adequate information to determine which individuals to engage as volunteers. As such, this form is your authorization for us to conduct a Washington State Patrol background check on you. This background check does not cover minor offenses such as traffic tickets, but is limited to searching for severe offenses that may relate to the appropriateness of volunteering with the Chore Service.

PRINT VERY CLEARLY

Applicant's Name: _____

Last

First

Middle

Maiden Name or Alias: _____ Group Affiliation: _____

(local church or group you are volunteering as a part of)

Date of Birth: Mo: _____ Day: _____ Yr of Birth: _____ Sex Male Female

I hereby declare that I have not been:

- a) convicted of any crime against children or other persons;
- b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- c) convicted of crimes related to drugs as defined in RCW 43.43.830;
- d) found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- e) found by a court in a domestic relation proceeding under title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- f) found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;
- g) found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and authorize the Pullman Community Council on Aging to perform this criminal background check.

Signature of applicant

Date

Signature - parent/guardian if applicant under 18 yrs.

Printed name – parent/guardian

This request is made pursuant to and only for the purpose indicated.

CONFIDENTIALITY STATEMENT

The principle of confidentiality is basic to the maintenance of professional ethics and community respect. All staff and volunteers of Pullman Community Council on Aging (PCCoA) and its Senior Chore Service have a set of ethical responsibilities by which they are bound to the client, the agencies, the community and themselves. PCCoA Senior Chore Service clients act in good faith, expecting their circumstances and personal matters to remain confidential; PCCoA is obligated by law and ethics to reciprocate. Confidentiality of client information is maintained for the protection of the client.

All paid and volunteer staff members will take responsibility for protecting the confidentiality of all clients.

All written and unwritten information concerning clients of the PCCoA Senior Chore Service is considered to be confidential.

All Senior Chore Service recipients are clients of PCCoA. Any concerns about their health, living situation, etc., that may be noticed when volunteering may be shared only with appropriate staff at PCCoA and/or Senior Chore Service.

I have read, understood, and agree to observe all aspects of the Confidentiality Statement.

Signature of applicant

Date

Signature - parent/guardian if applicant under 18 yrs.

Printed name – parent/guardian