

COUNCIL ON AGING OF ST. LUCIE, INC
VOLUNTEER APPLICATION
772-336-8608 Fax 772-336-3909
lmillet@coasl.com

I. Personal Information:

Name: _____

Street Address: _____

State: _____ Zip Code: _____

Home Phone Number (_____) _____

Work Phone Number (_____) _____

E-mail address: _____

II. Employment Information

Are you employed? (_____) Yes (_____) No

Employer Address: _____ Phone Number (____) _____

May we contact your employer? (_____) Yes (_____) No

III. Program of Interest (VOLUNTEER OPPORTUNITY DESCRIPTIONS ATTACHED)

Please indicate which of our programs that most interest you:

_____ Clerical Assistance

_____ Nutrition Driver

_____ Kitchen Server

_____ Adult Day Care

_____ Other _____

Please indicate which of our locations you prefer to volunteer at?

Fort Pierce _____

Port Saint Lucie _____

IV. Volunteer Information

Do you have any volunteer experience? _____

If yes, please explain (where, dates, work performed)

Who referred you to the Council on Aging of St. Lucie, Inc. _____

References: Please provide us with the names of two persons that have known you for at least one year:

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Note: Any volunteer working 20 hours or more per month volunteering with or entering the home of a client, will be required to have a criminal and abuse background check.

Are you available to work mornings? _____ afternoons? _____

Days available: _____

For Office Use Only

Day	Assignment	# Volunteer Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

COUNCIL ON AGING OF ST. LUCIE, INC
Volunteer Staff General Information Form

Please be advised that the following information provided to us by you is strictly confidential and will not be used in determining your acceptance as a volunteer with the Council on Aging of St Lucie, Inc.

Name _____

Date of Birth _____ Sex _____

Social Security # _____

(If the use of a company vehicle is part of your volunteering assignment)

Driver's License Number _____

(Xerox copy must be attached)

Issuing State _____

Emergency Contact Person _____

Relationship to you? _____

Emergency telephone number _____

Council on Aging of St. Lucie, Inc.

Confidentiality Statement

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except (1) as mandated by the law; (2) to prevent a clear and immediate danger to a person or persons; (3) where I am compelled to do so by a court pursuant to the rules of a court.

No information about a person, or obtained from a person, may be disclosed in a form that identifies the person, without a written or documented oral consent of the person, or of his/her legal representative, unless the disclosure is required by a court order.

I shall store or dispose of professional records in ways that maintain confidentiality.

I shall possess a professional attitude which upholds confidentiality towards the people we serve, colleagues, applicants and any sensitive situations arising within the Council on Aging of St. Lucie, Inc.

I, upon my termination, shall maintain client and co-worker confidentiality and I shall hold confidential any information about sensitive situations within this organization.

I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

Volunteer Signature

Date

COUNCIL ON AGING OF ST. LUCIE, INC

VOLUNTEER PERSONAL INFORMATION RELEASE

I, _____, give permission for all of my volunteer records (e.g. application, pre-service and in-service training, job descriptions, volunteer interview) which are maintained by the Council on Aging of St. Lucie, Inc., to be released to Area Agency on Aging for verification, inspection and photo-copying.

Volunteer Name (PRINT)

Volunteer Signature

Date

PROGRAM:

Council On Aging of St. Lucie , Inc.

VOLUNTEER OPPORTUNITIES

NUTRITION DRIVER VOLUNTEER

This is an opportunity for volunteers to assist in the home delivery of meals. The Nutrition Driver Volunteer will be engaged in tracking and delivering meals to homebound seniors in our community. The assistance of Nutrition Driver Volunteers is a vital part of the success of the Nutrition Program for the seniors of Saint Lucie County. Nutrition Driver Volunteers are provided a mileage allowance to assist in offsetting the cost of utilizing their personal vehicle. This opportunity varies in the amount of time required depending upon routes available.

KITCHEN SERVER VOLUNTEER

This is an opportunity for volunteers to assist in the serving of meals to seniors within the congregate Centers. The Nutrition Kitchen Volunteer will be engaged in tracking, receiving and serving meals to seniors in each of the location meal sites. This also involves the set-up and clean up of the meal sites. This opportunity requires a minimal amount of time (4 hours per day) although volunteers may commit up to 20 hours per week in the program.

CLERICAL ASSISTANT VOLUNTEER

This is an opportunity for volunteers to assist in any administrative department. This may include filing, data input, organizing and developing files, answering telephones, etc. This opportunity requires a varied amount of time depending upon assignment.

ADULT DAY CARE VOLUNTEER

This is an opportunity for volunteers to deal directly with clients on the Adult Day Care setting at either facility. The Adult Day Care Volunteer will engage in assisting the Adult Day Care staff in socialization activities, as well as serving the clients within the Adult Day Care. This opportunity requires a varied amount of time depending upon the assignment.