

**COUNCIL ON AGING OF ST. LUCIE, INC.**  
**VOLUNTEER APPLICATION**  
**772-336-8608 Fax 772-336-3909**  
**hrjobapps@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 (\_\_\_\_) \_\_\_\_\_

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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:

\_\_\_\_\_ Receptionist

\_\_\_\_\_ Adult Day Care

\_\_\_\_\_ Nutrition Driver

\_\_\_\_\_ 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:** Anyone volunteering with Council on Aging of St. Lucie, Inc. or entering the home of a client, will be required to have a criminal background check.

Are you available to work mornings? \_\_\_\_\_ Afternoons? \_\_\_\_\_

Days available: \_\_\_\_\_

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#### 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.

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Volunteer Signature

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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.

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Volunteer Name (PRINT)

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Volunteer Signature

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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.

## **RECEPTIONIST VOLUNTEER**

This is an opportunity for volunteers to assist with telephone/receptionist duties for the facility. As well as maintain a courteous and professional demeanor at all times with supervisors, co-workers, clients, and the general public.

## **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.