



VOLUNTEER APPLICATION

(All information in this document is confidential. PLEASE PRINT)

Name: _____

Address: _____

Phone (home): _____

(cell): _____

E-mail: _____

Date of Birth: _____

Gender: F _____ M _____

I am interested in supporting SSNF

in the following way(s):

Meals on Wheels delivery

Friendly Visitor

Grocery Shop / Run Errands

Senior Center activities

Office Assistance

Universal Assistance

Financial donation

In-kind donation

Other: I would like to _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: _____

Relationship: _____

Day phone: _____

I am available:

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
In a Pinch!					

(Letting us know your availability helps us find volunteer projects that fit your schedule)

BUSINESS / CIVIC / FAITH COMMUNITY AFFILIATIONS: _____

NAME OF CURRENT EMPLOYER:

RETIRED

Does your employer have a community matching partnership
or matching gift program? Yes No

HOW DID YOU HEAR ABOUT SSNF: _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are there any misdemeanor or felony charges pending against you? Yes No If yes, please explain: _____

(NOTE: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

DRIVING INFORMATION

Are you able to use your automobile if the volunteer position requires one? Yes No

If you are volunteering for a position that requires driving, SSNF requires a valid driver’s license and proof of automobile insurance.

As a volunteer, I agree to provide proof of a valid driver’s license and current automobile insurance. I agree to mail or deliver copies of these documents to SSNF to be filed with this application. I will immediately notify my volunteer coordinator if my driver’s license becomes restricted, suspended, revoked or expires.

Signature of Applicant _____ Date _____

CONFIDENTIALITY ACKNOWLEDGEMENT

I, _____, agree as a volunteer for Senior Services North Fulton, Inc. (SSNF), to regard all information relating to clients, participants, employees or SSNF in general, written or otherwise as confidential. All such information will only be used for the purpose for which it was intended, including reporting to funding sources. I understand that I am not to take any such information out of the office or to share the information with anyone other than the appropriate staff person within SSNF.

I understand that volunteers will not communicate with any outside organizations or the media in regard to SSNF business. If an organization approaches me, I will refer them to SSNF’s Executive Director.

This agreement is binding for the entire time I will be volunteering at SSNF. I understand that if I break this agreement, my volunteer experience at SSNF will be terminated.

Signature of Applicant _____ Date _____

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief.

Signature of Applicant _____ Date _____

Senior Services North Fulton, Inc. acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.