

# Senior Nutrition Program Volunteer Registration Form

**FOR OCED USE ONLY**

Confidentiality Pledge

Training Verification

Authorization & Release (HDM only)

Volunteer information is requested for the senior nutrition program information system. All information is kept confidential. Your emergency contact may be notified in an emergency and contact information may be shared, if necessary. Completing this form means you wish to provide volunteer service as an In-Kind contribution. Thank you for your participation in this program!

**PLEASE COMPLETE ALL INFORMATION IN THE BOX**

Last Name	First Name	Middle Initial
Street Address	City / /19	Zip Code
Telephone	Date of Birth	
<input type="checkbox"/> On-Site Volunteer	<input type="checkbox"/> Meal Delivery Volunteer <b><u>(requires a background check)</u></b>	
Volunteer Signature	Date	Program Site Name
Site Representative Signature	Date	

**Demographic Information (not required but useful information that helps with our funders!)**

Number in household: \_\_\_\_\_ Yearly household income (approximate): \_\_\_\_\_  
 Marital status: \_\_\_\_\_Married \_\_\_\_\_Divorced \_\_\_\_\_Widowed \_\_\_\_\_Single (never married)  
 Gender: \_\_\_\_\_Male \_\_\_\_\_Female

**Race:**

Asian/Native Hawaiian/Pacific Islander  Multi-racial: Please specify: \_\_\_\_\_

Are you Hispanic/Latino?

**Living Arrangements:**

<input type="checkbox"/> Own home	<input type="checkbox"/> In transition/shelter
<input type="checkbox"/> Rent subsidized home (e.g. Section 8)	<input type="checkbox"/> Homeless
<input type="checkbox"/> Rent unsubsidized home	<input type="checkbox"/> Living with friends/family

**Emergency Information**

Emergency Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_



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## AUTHORIZATION AND RELEASE

In connection with my application for employment with Washtenaw County, I understand that information may be requested as to my character, education, employment, including job performance and work habits, and other personal history. I further understand that you may be requesting information regarding my motor vehicle driving record history, workers' compensation claims, credit and criminal history, and other public records. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

I hereby authorize and release from all liability without reservation, Washtenaw County, and any Law Enforcement Agency, administrator, state/federal agency, institution, employers, prior to present, insurance company or person gathering or furnishing the above information.

A photographic or FAX copy of this authorization may be determined to be the equivalent of the original.

Name: \_\_\_\_\_ Other name(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
State Issued: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_  
Street 1: \_\_\_\_\_ Street 1: \_\_\_\_\_  
Street 2: \_\_\_\_\_ Street 2: \_\_\_\_\_  
City: \_\_\_\_\_ Previous City: \_\_\_\_\_  
State: \_\_\_\_\_ Previous State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Previous Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Package A**  
**Package B** (requires HR authorization)  
**Package C** (requires HR authorization)

Department: \_\_\_\_\_

Hiring Manager: \_\_\_\_\_

Hiring Manager Phone Number: \_\_\_\_\_

**Senior Nutrition Program Site Staff:** Fax the signed form to (734) 222-6531. Washtenaw County OCED needs to receive this document first for recordkeeping purposes.

**Washtenaw County OCED Staff:** Fax the signed form to Washtenaw County Sheriff Office– Special Investigations Unit (734) 973-4624



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415 W. Michigan Ave, Suite 2200  
Ypsilanti, MI 48197  
Phone|734.544.6748 Fax|734.544.6749  
Website|www.ewashtenaw.org/oced

## Confidentiality Pledge

### **PLEDGE TO SAFEGUARD RESPONDENT CONFIDENTIALITY**

I have read the Washtenaw County Volunteer Handbook on Safeguarding Client Confidentiality, and pledge that I will strictly comply with that Policy.

**Specifically:**

I will not reveal the name, address, telephone number, or other identifying information of any client (or family member of a client or other informant) to any person other than an employee directly connected to the program in which the client is participating.

I will not contact any client (or family member, employer, other person connected to client or informant) except as authorized by the Site Coordinator or authorized designate.

I will not release any documentation (including for unrestricted public use or for other unrestricted uses) except in accordance with authorization, policies and/or procedures established by Washtenaw County Senior Nutrition Program and the Center with which I am affiliated.

I will take all necessary precautions to avoid unintended disclosure of confidential information, including securing of paper and electronic records and computers.

I agree that compliance with this Pledge and the underlying Policy is: 1) a condition of my volunteer employment. I understand that violation of this Policy and Pledge may result in disciplinary action, up to and including termination of volunteer employment or severance of any relationship with Washtenaw County Senior Nutrition Program.

Signature: \_\_\_\_\_

Typed or printed name: \_\_\_\_\_ Date: \_\_\_\_\_