



Volunteer Registration Form

FOR STAFF USE ONLY

- Confidentiality Pledge
- Training Verification
- Authorization & Release

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. **NOTE: ALL VOLUNTEERS REQUIRE A BACKGROUND CHECK.**

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	
Emergency Contact Name: _____		Telephone: _____
		Relationship: _____
<input type="checkbox"/> Congregate Volunteer	<input type="checkbox"/> Homebound Volunteer	
Volunteer Signature	Today's Date	Program Site Name

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

Number in household: _____ Monthly household income (approximate): _____
 Marital status: _____ Married _____ Divorced _____ Widowed _____ Single (never married)
 Gender: _____ Male _____ Female

Race:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asian/Native Hawaiian/Pacific Islander | <input type="checkbox"/> Multi-racial: Please specify: _____ |
| <input type="checkbox"/> 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 |



_____ Site Representative Signature	_____ Today's Date	_____ Program Site Name
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AUTHORIZATION AND RELEASE

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 below information. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

*For all Volunteer Drivers please include a copy of your Drivers License

Name: _____ Other name(s) _____
Date of Birth: _____ Driver's License # _____
State Issued: _____ Exp: _____
Vehicle Insurance Company: _____ Policy # _____

Current Address: _____ Previous Address: _____
Street: _____ Street: _____
City: _____ City: _____
State: _____ State: _____
Zip code: _____ Zip code: _____

I give permission to Washtenaw County Senior Nutrition to obtain a copy of my criminal record, and understand that Washtenaw County Senior Nutrition has the right to decline any application.

I understand all information will remain confidential and will become part of my Volunteer record.

Volunteer Signature

Date



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: _____

Print name: _____ Date: _____