



# 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:

Congregate Volunteer

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:**

White

Black/African American

Asian/Native Hawaiian/Pacific Islander

Hispanic/Latino

American Indian/Alaskan Native

Other: \_\_\_\_\_

Multi-racial: Please specify: \_\_\_\_\_

**Living Arrangements:**

Own home

Rent subsidized home (e.g. Section 8)

Rent unsubsidized home

In transition/shelter

Homeless

Living with friends/family



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\_\_\_\_\_  
Site Representative Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Program Site Name



## 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



OFFICE OF COMMUNITY &  
ECONOMIC DEVELOPMENT

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## 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: \_\_\_\_\_