

Volunteer Check List
For Staff Use

<u>Date</u>	<u>Tasks</u>												
_____	Volunteer Application Completed												
_____	Volunteer Orientation Completed												
_____	Volunteer Placement Completed												
	<input type="checkbox"/> RSVP <input type="checkbox"/> SOWEGA												
	Volunteer Role(s): _____												
	Staff Contact: _____												
_____	Scheduled to meet with Staff Contact												
_____	Volunteer Job Description Reviewed and Signed												
_____	Volunteer Job Orientation/ Training Completed with Staff Contact												
_____	Volunteer Schedule Assigned (if known)												
	<table border="0"> <thead> <tr> <th><u>Days</u></th> <th><u>Time Frame</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>Monday</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/>Tuesday</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/>Wednesday</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/>Thursday</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/>Friday</td> <td>_____</td> </tr> </tbody> </table>	<u>Days</u>	<u>Time Frame</u>	<input type="checkbox"/> Monday	_____	<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> Wednesday	_____	<input type="checkbox"/> Thursday	_____	<input type="checkbox"/> Friday	_____
<u>Days</u>	<u>Time Frame</u>												
<input type="checkbox"/> Monday	_____												
<input type="checkbox"/> Tuesday	_____												
<input type="checkbox"/> Wednesday	_____												
<input type="checkbox"/> Thursday	_____												
<input type="checkbox"/> Friday	_____												
	<input type="checkbox"/> As needed basis due to nature of volunteer role.												
_____	COGENT Background Check Completed												
_____	Application Fee Paid (if volunteer is able)												
_____	Volunteer Materials Provided												
	<input type="checkbox"/> Name Badge <input type="checkbox"/> T-Shirt <input type="checkbox"/> Lap Top <input type="checkbox"/> Other _____												
_____	_____												
_____	Follow-up with Volunteer Coordinator												

Volunteer Application/ Questionnaire

Today's Date: _____ ***Volunteers must be 18 years or older.**

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

- Male Female Are you a Veteran? Yes No
 Ethnicity: Caucasian African American Hispanic
 Other _____
 Prefer not to answer.

Volunteer Availability: Please check all that apply.

<u>Days</u>	<u>Time Frame</u>	<u>Hours/ Week</u>
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> 2-4 hours/week
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Afternoon	<input type="checkbox"/> 4-6 hours/week
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Both/ Either	<input type="checkbox"/> 6-10 hours/week
<input type="checkbox"/> Thursday		<input type="checkbox"/> 10 or more hours/week
<input type="checkbox"/> Friday		

Are you willing to volunteer outside of the Dougherty County Area? Yes No

Are you willing to consent to a COGENT Background Check? Yes No

Are you able to pay \$51.50 for the Background Check/fingerprinting? Yes No

Additional Comments: _____

Volunteer Interests: Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> AARP Safe Driving | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Ramp Crew |
| <input type="checkbox"/> AARP Tax Assistance | <input type="checkbox"/> Food Service | <input type="checkbox"/> Reception/ Filing |
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sewing/ Quilting |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Games/ Activities | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Assessments-Vitals (BP) | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Guest Presenter/ Speaker | <input type="checkbox"/> Telephone Reassurance |
| <input type="checkbox"/> Community Garden | <input type="checkbox"/> Health Fairs | <input type="checkbox"/> Travel Coordinator |
| <input type="checkbox"/> Computer/ Technology | <input type="checkbox"/> Leading Group Exercise | <input type="checkbox"/> Visiting Nursing Homes |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Wellness Room Monitor |
| <input type="checkbox"/> Education | <input type="checkbox"/> Medicare Counseling – Georgia Cares | |
| <input type="checkbox"/> Other: _____ | | |
-

Former Occupation/ Work Experience: Please check all that apply.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Engineer | <input type="checkbox"/> Management |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Analyst | <input type="checkbox"/> Executive | <input type="checkbox"/> Military |
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> Farming | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Clerk | <input type="checkbox"/> Government | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Other: _____ | | |
-

Volunteer Goals: Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Social | <input type="checkbox"/> Utilize my skills | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Give-back | <input type="checkbox"/> Learn a new skill | <input type="checkbox"/> School/ Class Requirement |
| <input type="checkbox"/> Utilize my free time | <input type="checkbox"/> Help others | |
| <input type="checkbox"/> Other: _____ | | |

Volunteer Rights

Your Rights

As a volunteer you have the right to:

- A healthy and safe environment
- An orientation or induction session
- Information about the organization you are working for, including policies and procedures
- A volunteer position description or volunteer agreement which outlines the tasks that you will be expected to perform and the agreed working hours
- Be provided with sufficient training and supervision
- Be protected by appropriate insurance
- Have your personal information dealt with in a confidential manner
- Say 'no' if you are uncomfortable or feel you are being exploited
- Treated in a manner that is non-discriminatory.
- Be informed and consulted on matters which affect you and your work

I understand my rights as they are listed.

Volunteer Signature: _____ Date: _____

Volunteer Responsibilities

Your Responsibilities

As a volunteer you are expected to act in a manner consistent with these policies and procedures.

All volunteers are expected to:

- Be punctual and reliable
- Respect confidentiality
- Carry out the duties listed in your volunteer job description
- Be accountable
- Give notice if your availability changes or you are leaving the organization
- Report any injuries or hazards that you notice in the workplace
- Adhere to the organization's policies and procedures
- Deal with complaints in the appropriate manner
- Undertake training as requested
- Ask for support when needed
- Support other team members

I understand my responsibilities as they are listed.

Volunteer Signature: _____ Date: _____



Confidentiality Statement for Board of Directors, Employees, and Volunteers

Respecting the privacy of our clients, donors, members, staff, volunteers and of the SOWEGA Council on Aging itself is a basic value of the agency. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the SOWEGA Council on Aging Executive Director or President of the Board of Directors. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Employees, volunteers and board members of the SOWEGA Council on Aging may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of the agency that such information must be kept confidential both during and after employment or volunteer service. Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

This policy is not intended to prevent disclosure where disclosure is required by law.

I agree to treat as confidential all information about finances, business decisions, clients, former clients and their families that I learn during the performance of my duties, and I understand that it would be a violation of policy to disclose such information to anyone without the consent of the Executive Director or Board of Directors President.

Signature of Employee/Board Member/Volunteer

Date: _____

Printed Name: _____



RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the SOWEGA Council on Aging for any purposes, including but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the SOWEGA Council on Aging, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the SOWEGA Council on Aging for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and any guest. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE SOWEGA COUNCIL ON AGING FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE SOWEGA COUNCIL ON AGING, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF OF SUCH GUESTS, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE THE SOWEGA Council on Aging, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the released or otherwise while the undersigned such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the SOWEGA Council on Aging.
2. THE UNDERSIGNED HEREGY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such guests in, upon or about the SOWEGA Council on Aging premised or in any way observing or using any facilities or equipment of the SOWEGA Council on Aging or participating in any program affiliated with the SOWEGA Council on Aging whether caused by the negligence of the releases or otherwise.
3. THE UDNERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROERTY DAMAGE to the undersigned or such guests due to negligence of releases or otherwise while in, about or upon the premises of the SOWEGA Council on Aging and/ or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the SOWEGA Council on Aging.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

NAME (SIGNATURE)

DATE

PHOTO AND VIDEO RELEASE

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or videotape without payment or any other consideration. I understand that my image may be copied, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area. Photographic, audio or video recordings may be used for conference presentations, educational presentations or courses, informational presentations, on-line educational courses, educational videos. By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only. By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any, and all, claims against any person or organization utilizing this material for educational purposes.

NAME (SIGNATURE)

DATE

***DIRECTIONS: Please read then sign the
Background Check Consent on the bottom of the next page***

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct an FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).



PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I, _____, have read the privacy rights, and agree to allow
(please print name)
SOWEGA Council on Aging to perform a COGENT background check prior to allowing
me to work/volunteer at the organization.

Signature: _____ Date: _____

The logo for SOWEGA Council on Aging features the word "SOWEGA" in a bold, blue, sans-serif font, followed by "Council on Aging" in a smaller, grey, sans-serif font. The letters "COA" are rendered in a large, light grey, serif font behind the main text.

Last Name: _____ First Name: _____
Middle Initial: _____ Suffix: _____
SS#: _____ Date of Birth: _____
Weight: _____ Gender: _____
Eye Color: _____ Hair Color: _____
Height: _____ Race: _____
Place of Birth: _____ Country of Citizenship: _____
Driver's License State: _____ Driver's License #: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone #: _____
Email address: _____
Emergency Contact Name: _____
Emergency Contact Phone #: _____

Position Applying For: _____

Pay Amount: **\$51.50**

Payment Date: _____

Payment Method: _____

(Please include Check # if paying by check)

PLEASE RETURN COMPLETED FORMS TO:
Erika Scott Jones
Fax number: (229) 302-4152; ext. 418
Email: erika.jones@sowegacoa.org
Mailing address: PO Box 88 Albany, GA 31702