



VOLUNTEER APPLICATION

AmeriCorps Seniors RSVP 55+

OFFICE USE ONLY:
Station(s): _____
Assignment(s): _____
Date of Application: _____
Date of Assignment: _____
Data Entry Date/Initials: _____

VOLUNTEER CONTACT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Cell Phone: _____

ADDITIONAL VOLUNTEER INFORMATION

Physical/Medical Limitations? No ___ Yes ___ Specify accommodations needed? _____

May information from this application be shared with the station(s) you serve? No ___ Yes ___

Employment (Past or Present): _____

Special skills/Interests/foreign languages: _____

Education Level/Field of Study: _____

Volunteer experience (current, past, preferred): _____

U.S. Veteran? ___ No or Yes ___ Branch _____

DEMOGRAPHIC INFORMATION

Please indicate Gender: Male ___ Female ___

Please indicate Race: Alaska Native ___ Asian ___ American Indian ___

African American ___ Pacific Islander ___ White ___

Please indicate Ethnicity: Hispanic ___ Non-Hispanic ___

TRANSPORTATION & REIMBURSEMENT INFORMATION

Transportation to RSVP volunteer station will be by:

Personal Vehicle ___ Public Transportation ___ Taxi ___ Walk ___ Other Volunteer ___

For insurance purposes, please provide a copy of your current Driver's License or a valid state identification card.

RSVP provides a minimal mileage reimbursement for travel between home and current volunteer station as project funds allot. Will you be claiming mileage reimbursement for travel to and from volunteer station? No ___ Yes ___

Availability

Day/hours available: Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____ AM _____ PM _____

Other (please specify): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Address: _____

BENEFICIARY FOR RSVP ACCIDENT INSURANCE

All registered RSVP Volunteers are covered by a minimal accidental death policy in the event that an accident occurs while volunteering, that results in the volunteer's death.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Address: _____

Please initial the appropriate selection to indicate if Washington County Commission on Aging, Inc. RSVP may have permission to use your photograph/video without restriction.

_____ I hereby grant Washington County Commission on Aging, Inc. RSVP permission to use my photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by Washington County Commission on Aging, Inc. in perpetuity. I will make no monetary or other claim against Washington County Commission on Aging, Inc. or RSVP for the use of these photographs(s)/video(s).

_____ I do NOT give permission to use my photograph(s)/video(s) to Washington County Commission on Aging, Inc. RSVP.

Certifications

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Washington County Commission on Aging, Inc. RSVP (Retired and Senior Volunteer Program). I understand that I am not an employee of the RSVP Project, the sponsor, Washington County Commission on Aging, Inc., the volunteer station or the Federal Government and agree to serve without compensation. Furthermore, I understand that I am expected to follow COA volunteer guidelines and act in a professional manner.
- I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum required of the state of Maryland. I will also keep in effect a valid Driver's license.
- I will fully complete a disclosure and authorization form to obtain a criminal background report and national sex offender name search for volunteer clearance. This is a separate document and is a mandatory requirement by the Commission on Aging's insurance company for all volunteers.
- I understand that I am required to submit sign-in sheets each month in a timely fashion to the volunteer director.
- I have reviewed and received a copy of the RSVP Handbook.

Please complete ALL information on BOTH sides of this form, sign and date below and return to:

Susan Hurd, RSVP & Volunteer Program Director

Email: shurd@wccoaging.org Phone: 301-790-0275 extension 236 Fax: 301-739-4957

535 East Franklin St., Hagerstown, MD 21740

Volunteer Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

DISCLOSURE & AUTHORIZATION FORM
TO OBTAIN CRIMINAL BACKGROUND REPORTS
FOR VOLUNTEERS

DISCLOSURE

Please Read Carefully Before Signing the Authorization

Our insurance company has requested us to do a Criminal Background Report including nationwide sex offender registry for all of our volunteers.

In considering you for the RSVP volunteer program and, if you are already a volunteer, The Washington County Commission on Aging, Inc./AAA may request and rely upon a criminal background history from a consumer reporting agency, such as IntelliCorp Records, Inc.

In the event that a criminal background report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit reporting Act ("FCRA").

Under the FCRA, before the Washington County Commission on Aging, Inc./AAA can obtain an investigative report about you for volunteering purposes, we must have your written authorization. Before any adverse action on the basis, in whole or in part, of the information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

For explanation purposes:

The search provides verification of your Social Security Number issued by the SSA and multi-state criminal search including Nationwide Sex Offender Registry. These will be the only items that will be investigated.

Thank you for your dedication to volunteering and your cooperation in this matter.



Washington County Commission on Aging, Inc./AAA

535 East Franklin Street, Hagerstown, MD 21740 www.wccoaging.org

Ph: 301-790-0275 Fax: 301-739-4957 TDD: 1-800-735-2258 Toll Free: 1-866-802-1212

AUTHORIZATION

Your signature below signifies consent.

I have read and understand the foregoing Disclosure and authorize the Washington County Commission on Aging, Inc./AAA to obtain and rely upon a criminal background check including the nationwide sex offender registry in considering me to be a volunteer. By my signature below, I authorize the Washington County Commission on Aging, Inc./AAA to obtain any such reports.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any criminal background checks including the nationwide sex offender registry that may be requested about me by or on behalf of the Washington County Commission on Aging, Inc./Area Agency.

Volunteer Signature: _____ Date: _____



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Please provide a copy of a valid Driver's License
or State Identification.

Volunteer Beware!

Regardless of the time of year. Colds, Flu, COVID-19, and other upper respiratory illnesses, etc. will be going around. It's important to make sure that infection control is a top priority. All volunteers need to keep in mind that we serve clients at stations who may come in for appointments or programs either sick or "under the weather" because of their needs and this is important to them. I know it's not the greatest scenario but it will happen.

All volunteers need to make sure to do your part. If you are not feeling well, it is imperative that you notify your volunteer station and stay home until you are better as defined by the volunteer station you are volunteering. If you cough or sneeze, please do so into your sleeves, if you do use a tissue please discard it right away and wash our hands. If you are sharing phones, please wipe them down after each use. Also, if you shake hands or have skin contact with clients or others be sure to wash your hands as soon as possible or at the very least use hand sanitizer until you are able to wash your hand. **HAND WASHING IS ONE OF THE BEST WAYS TO PREVENT THE SPREAD OF GERMS.** Volunteers are also strongly encouraged to **WEAR A FACE MASK** indoors or when in close proximity with another individual which will aid in decreasing the spread of several respiratory illnesses.

Along with germs the are spread via the respiratory system, germs may also be found in wounds and/or skin infections and some of those germs can be very contagious. People are not always aware of how many times they may touch an area or even touch a wound dressing, so please keep this in mind as well. Wounds should be covered and dressings left intact not only to prevent the spread of germs or bacteria but also to prevent another germ or bacteria from getting into the wound. Perfect examples of infections of the skin are Scabies, which is highly contagious and Shingles which can cause chicken pox in those people that have never had chicken pox before. **Volunteers can't** always see or even know about wounds or infections or how many times a client at a station may have rubbed, scratched, or picked or touched their wounds. Protecting yourself is something **only you** can control. Please contact me if you have any additional questions or concerns at (301)790-0275 ext. 236.

111 Confidentiality- Volunteer

Effective Date: 9/29/2014

It is the policy of the COA that board members, employees, volunteers and contractors of the CA may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with the COA to any person, including relatives, friends, and business and professional associates, other than to persons who have a legitimate need for such information and to whom the COA has authorized disclosure.

Client information is protected by confidentiality and privacy laws. All board members, employees, contractors, and volunteers should be aware that all information concerning clients may be shared internally only on a "need to know basis." Additionally, care must be taken not to discuss client information where it might be overheard. Portable computers with client data must be secured and protected to avoid inappropriate disclosures. Any portable computer must be approved and properly secured if take out of the office. When information is to be release outside that agency, a properly executed release must be obtained.

Board members, employees, volunteers and contractors shall use confidential information solely for the purpose of performing services as a member, employee, volunteer or contractor for the COA. This policy is not intended to prevent disclosure where disclosure is required by law. Board members, employees, volunteers and contractors must exercise good judgment and care at all times to avoid unauthorized or improper disclosure of confidential information including but not limited to PHI (Protected Health Information) as defined by HIPAA regulations. Conversations in public places, such as restaurants, elevators, and public transportation, should be limited to matters that do not pertain to information of a sensitive or confidential nature. In addition, board members, employees, volunteers and contractors should be sensitive to the risk of inadvertent disclosure and should for example, refrain from leaving confidential information on disks or otherwise in plain view and refrain from the use of speaker phones to discuss confidential information if the conversation could be heard by unauthorized persons. All faxed material must include a coversheet with confidentiality disclaimer. All reasonable effort must be taken to assure confidential information is protected as defined by law. Any accidental/unintentional disclosure must be reported immediately to the Executive Director or designee. At the end of a board member's term in office or upon the termination of an employee's, contractor's or volunteer's relationship with the COA, he or she shall return all documents, papers, and other materials, regardless of medium, which may contain or be derived from confidential information, in his or her possession.

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 sanctions, discipline, up to and including termination of employment or contract.

I agree to abide by the Confidentiality Policy as presented.

Volunteer Name (Printed) _____

Volunteer Name (Signature) _____

Date _____

Washington County Commission on Aging, Inc.
Volunteer Vaccination Acknowledgement

Individuals volunteering through the Washington County Commission on Aging, Inc., (“WCCOA”), are encouraged to practice hand washing hygiene, social distancing, and wear face coverings to reduce the risk of exposure to COVID-19. Due to the contagious nature of COVID-19 and its primary method of spreading from person to person, the WCCOA instituted a vaccination requirement for all individuals volunteering through the WCCOA, regardless of where volunteer service occurs.

Please select the option below that best explains your vaccination status as it relates to COVID-19:

- Fully vaccinated with either Johnson & Johnson, Moderna, or Pfizer.
- Received at least one does of Moderna or Pfizer.
- Not vaccinated due to medical and/or religious exemption. (Exemptions must be approved in accordance with WCCOA policy. Please see RSVP Coordinator for additional information.)
- Not vaccinated and not seeking an exemption. Your signature acknowledges receipt and completion of this form to the best of your knowledge.

Volunteer Signature _____

Print Name: _____

Date _____

Receipt of Handbook

I have received a copy of the AmeriCorps Seniors RSVP Volunteer handbook. I am aware of the policies, processes and procedures for which I am responsible. I understand that at any time I may request a change in duties or assignment. I also understand that failure to comply with the policies and procedures could exclude me from future volunteer opportunities with the Washington County Commission on Aging, Inc. RSVP Program.

Print Name

Signature

Date