



Pullman Community Council on Aging
Senior Chore Service Volunteer Application

Date application completed: _____

Volunteer's Name: _____
First **Middle** **Last**

Date of Birth: Mo: _____ Day: _____ Yr of Birth: _____ Sex: _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Hm Cell Email _____

Employer/School/Group Affiliation: _____

How did you find out about Senior Chore Service? _____

Volunteer preferences:

- Outdoor:** Yard care/cleanup Leaf raking Snow Shoveling
 Periodic Yard Maintenance Outdoor home maintenance (light)
- Indoor:** Cleaning Re-arranging furniture Meal Preparation
 Light home maintenance & repair, indoor Computer assistance
 Companionship (visits, phone calls)

What are your skills and interests relevant to volunteering?

List any physical limitations that may prevent you from participating in certain volunteer activities:

Languages you speak other than English: _____

How often would you like to volunteer? one time weekly monthly as needed

Other notes about your availability (time of day, schedule) _____

Describe your transportation options: Own car Public Transit Friends/family Other

Reference (not a relative):

Name _____ Phone _____

Address _____ City _____ State _____

Emergency Contact:

Name _____ Relationship _____

Phone _____ Hm Cell Location _____

Volunteer Agreement & Confidentiality Clause

The principle of confidentiality is basic to the maintenance of professional ethics and community respect. All staff, board members and volunteers of Pullman Community Council on Aging (PCCoA) have a set of ethical responsibilities by which they are bound to the client, the agencies, the community and themselves. PCCoA Senior Chore Service clients act in good faith, expecting their circumstances and personal matters to remain confidential; PCCoA is obligated by law and ethics to reciprocate. Confidentiality of client information is maintained for the protection of the client.

All paid and volunteer staff members will take responsibility for protecting the confidentiality of all clients. All written and unwritten information concerning PCCoA clients is considered to be confidential.

All Senior Chore Service recipients are clients of PCCoA. Any concerns about their health, living situation, etc., that may be noticed when volunteering may be shared only with appropriate PCCoA staff (Council

Washington State Patrol Background Check

Pursuant to Revised Code of Washington (RCW) 43.43.830 – 845, businesses or organizations providing services to children, developmentally disabled persons, and vulnerable adults need adequate information to determine which employees or contractors to hire (or to engage as volunteers). Pullman Community Council on Aging therefore needs to conduct background checks on all volunteers. As such, this form is your authorization for PCCoA to conduct a Washington State Patrol background check on you. This background check does not cover minor offenses such as traffic tickets, etc. but is limited to searching for severe offenses of record and is intended as a protection for both you and PCCoA clients. There is no charge to you for this background check.

I hereby declare that I have not been:

- a) convicted of any crime against children or other persons;
- b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- c) convicted of crimes related to drugs as defined in RCW 43.43.830;
- d) found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- e) found by a court in a domestic relation proceeding under title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- f) found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;
- g) found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and authorize the Pullman Community Council on Aging to perform this criminal background check. The request is made pursuant to and only for the purpose indicated.

I understand and agree to follow the above confidentiality policy and procedures. I am aware that any breach of confidentiality will result in immediate termination of my activities as a volunteer with PCCoA.

I understand and accept the risk of injury or illness arising from my volunteer work with Pullman Community Council on Aging and hereby release and agree to hold free from all claims for damages PCCoA and its respective officers, directors, and employees.

As a Senior Chore Service volunteer, I also agree to adhere to the practices stated in the SCS Volunteer Handbook. I understand that failure to adhere to any part of this code may result in suspension from my volunteer duties and/or termination of my volunteer relationship with PCCoA.

Signature of volunteer

Date

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