

**VOLUNTEER APPLICATION**

**For**

**eliseo**

**eliseo** encourages people who believe in our mission to volunteer your time, talent and services with us. Our mission is *Engaging Lives through Active Living, Compassion and Dignity*. If you agree with our mission and wish to volunteer please complete this Volunteer Application Form. Thank you for your interest in **eliseo**.

Name:

Address:

City: State Zip

How long have you lived in the area?

Phone: Email

If applicable, current Employer: Position:

If applicable, may we contact your current Employer? \_\_\_\_\_\_\_\_\_

In case of emergency contact:

Please indicate days available to volunteer: Mon Tues Wed Thurs Fri Sat

Times available: From to

Why do you want to participate as a volunteer?

What special talents or skills do you have that you believe would benefit **eliseo**?

List current and previous community or volunteer work (list all previous community or volunteer work including brief description of duties and activities, dates of service):

Formal Education (highest year of school completed):

Do you speak a foreign language: □ Yes □ No If yes, which language(s)

Do you have transportation and may you drive lawfully: □ Yes □ No

If you drive, do you have car insurance: □ Yes □ No

Any medical disabilities for which you need a medical accommodation?

May we use your photograph, name and/or likeness for marketing purposes? □ Yes □ No

**If/when eliseo asks you to volunteer, please be aware that you must successfully pass a background check. Since eliseo cares for vulnerable adults, we are obligated by law to do background checks on all staff and volunteers as a condition of employment or volunteering with us.**

*Upon a conditional offer to accept you as a volunteer,* do you consent to a background check including without limitation your criminal records and as required under applicable law?

□ Yes □ No

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

 Name Address Zip Code Phone Relationship

1.

2.

3.

**VOLUNTEER’S CERTIFICATION AGREEMENT**

|  |
| --- |
| 1. Upon a conditional offer to engage me as a volunteer, I will submit to a background check and authorize **eliseo** to solicit information regarding my background. If I volunteer for **eliseo**, I also release **eliseo** from any liability for future references it may provide regarding my history at **eliseo**. 2. I agree, if I am offered and accept a volunteer position, to conform to all existing and future **eliseo** policies, rules and regulations and I understand that **eliseo** reserves the right to amend its volunteer policies within **eliseo’s** sole discretion. ***I ALSO UNDERSTAND THAT, IF I VOLUNTEER, MY VOLUNTEER RELATIONSHIP WILL BE AT-WILL, MEANING THAT EITHER ELISEO OR I CAN END THE VOLUNTEER RELATIONSHIP AT ANY TIME, FOR ANY OR NO REASON, WITH OR WITHOUT NOTICE.***  3. I agree that if I am offered a volunteer position, I will not displace the work done by paid employees, I have not been offered or promised any compensation for the volunteer services I would perform, and I have no expectation of paid employment at the end of my time volunteering. 4. I will comply with all applicable privacy and confidentiality rules regarding protected health information concerning residents or patients or staff as well as their private or confidential personal information. 5. I certify that the facts and information set forth in this Volunteer Application are true and complete to the best of my knowledge. I understand that I may no longer be allowed to volunteer at **eliseo** if I have intentionally omitted or misrepresented any information on this Application.6. I have read and reviewed the information provided in this Volunteer Application and the above statements. By signing this Volunteer Application I certify that I understand all parts of it and have answered all questions completely and fully. Signature Date |



**RECERTIFICATION**

**For**

**RESIDENT VOLUNTEERS**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to volunteer my time, talent and services to **eliseo** in the following areas and dates/times:

□ \_\_\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_\_\_\_

When:\_\_\_\_\_\_ When: \_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_\_\_\_\_

When: \_\_\_\_\_\_ When: \_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_\_\_\_

When:\_\_\_\_\_\_ When: \_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_\_\_\_\_

When: \_\_\_\_\_\_ When: \_\_\_\_\_\_\_

2. Since the last time I volunteered for **eliseo,** I have not incurred any criminal convictions since that date. If, however, I have been convicted of a crime since that date (other than a traffic violation), here is a list and disposition of those crimes since my last background check.

Charge Date convicted: Where

Charge Date convicted: Where

Charge Date convicted: Where

3. I recertify that, as a volunteer, I will conform to all existing and future **eliseo** policies, rules and regulations and I understand that **eliseo** reserves the right to amend its volunteer policies within **eliseo’s** sole discretion. ***I ALSO RECERTIFY THAT, IF I VOLUNTEER, MY VOLUNTEER RELATIONSHIP WILL BE AT-WILL, MEANING THAT EITHER ELISEO OR I CAN END THE VOLUNTEER RELATIONSHIP AT ANY TIME, FOR ANY OR NO REASON, WITH OR WITHOUT NOTICE.***

4. I recertify that, if I do volunteer, I will not displace the work done by paid employees, I have not been offered or promised any compensation for the volunteer services I would perform, and I have no expectation of paid employment at the end of my time volunteering.

5. I recertify that the facts and information set forth in the previous Volunteer Application I signed remains true and complete to the best of my knowledge. I understand that any intentional omission or misrepresentation may result in denial or termination of being a volunteer with **eliseo**.

6. I have read and reviewed the information provided in this Recertification and the above statements. By signing this Recertification I certify that I understand all parts of it and have answered all questions completely and fully.

Signature Date