



# Village Network of Petaluma

Aging Better Together

## VOLUNTEER APPLICATION

### PLEASE PRINT

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Ste. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_ Day & Month of Birth (not year): \_\_\_\_\_

Current/Most Recent Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ How might this affect your capacity to volunteer?\*

Career or other experience possibly relevant to volunteering for the Village: \_\_\_\_\_

Interests and/or skills you might like to contribute or develop: \_\_\_\_\_

Are there any health reasons that might affect your ability to volunteer? Yes or No

If yes, please explain: \_\_\_\_\_

Personal Reference (non-family): Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Personal Reference (non-family): Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\* If a professional service provider wishes to serve as a direct service Village volunteer, he/she can do so in an area other than his/her area of expertise, or as an organizational volunteer offering expertise on a team, or presenting a workshop, with minimal marketing of services.

**Which areas of the Village Network might interest you as a volunteer?  
(check all that might apply)**

- **OFFICE TEAM**
  - Greet visitors, handle phone calls, maintain databases
  - Help maintain and organize office space
  - Manage and expand database of screened service providers; check qualifications & references
  
- **TRANSPORTATION TEAM**
  - Train to drive members to doctor appointments, rx pick-up, grocery shopping, or Village events
  
- **FRIENDLY VISITING TEAM**
  - Complete MedPal training to take notes at medical appointments
  - Complete training to serve as a Friendly Visitor matched with a frail member
  - Complete training to provide a weekly or twice weekly friendly phone call
  
- **HOME MAINTENANCE/HANDYPERSON**
  - Handle minor home repairs, temporary landscaping tasks, etc.
  
- **TECH TEAM**
  - Help members with computer or electronic problems or suggest resources (Mac or pc?)
  
- **RESOURCES TEAM:**
  - Research senior services and help expand database
  
- **COMMUNITY OUTREACH TEAM**
  - Develop printed recruitment materials
  - Distribute brochures and printed materials
  - Set up presentations to community groups or living room chats
  - Train as a Village Ambassador to give presentations or handle tabling
  - Serve as a liaison to communities of faith
  - Write articles for bi-monthly newsletter
  - Format on-line newsletter using MailChimp
  - Write and submit press releases
  
- **PROGRAM TEAM:**
  - Identify speakers/workshop leaders in response to members' interests; schedule programs
  - Coordinate programming and help plan future programs
  - Propose and coordinate an interest group (possible ideas \_\_\_\_\_)
  
- **VILLAGE EVENTS:**
  - Help plan and produce Village potlucks, volunteer appreciation events, etc.
  - Host events in your home
  
- **FUND DEVELOPMENT/PARTNERSHIPS WITH BUSINESSES**
  - Write grant proposal requesting funding for subsidized fees for members with limited income
  - Approach businesses to seek funding for subsidized fees for members with limited income

**Volunteers who work directly with members or have access to confidential information must pass background check.**

**LIABILITY WAIVER**

I acknowledge that the Village Network of Petaluma (VNP) has not undertaken any duty or responsibility for my safety:

- 1) I assume full responsibility for all risk of bodily injury, death, disability, and property damages as a result of participating in a VNP program;
- 2) I release and discharge all VNP members, volunteers, staff its officers, directors, employees and agents, from any and all responsibility or liability for services rendered by VNP members or volunteers or third-party providers of service referred or recommended by the VNP or any of its members or volunteers, and its officers, directors, employees;
- 3) I understand and agree to hold any and all VNP members, staff and volunteers, and its officers, directors, employees and agents harmless from and against any cost, expenses or damages (including without limitation reasonable attorney’s fees) arising in conjunction with any and all claims brought by or through me, including but not limited to claims brought by an insurance carrier.

I have read the above carefully, and I am pleased to participate in a program sponsored by the Village Network of Petaluma under the terms and conditions described.

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_____	_____	_____
Print Name	Signature	Date

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**CONFIDENTIALITY AGREEMENT**

*In California, failure to maintain client information as confidential is considered a violation of privacy. Volunteers are acting on behalf of the Village Network of Petaluma and are therefore subject to the same requirements and laws regarding confidentiality as employed staff.*

**Confidential Information includes:**

- The fact that person is or has been affiliated with the Village Network of Petaluma.
- Any information given to the volunteer in confidence by the member.
- Any information about the member, his/her problems, treatment or contact with the Village.

**Confidential Information does NOT include:**

- The Village Network of Petaluma should be called immediately if you suspect abuse (elder or child), neglect, or intent to physically harm another person. Any intent to harm.

**Basic principles of confidentiality:**

- All information divulged by the member to our representative is held in the strictest of confidence: members of Village Network of Petaluma are guaranteed this protection by California State Law.
- The volunteer is not to communicate confidential information to anyone outside of the Village Network of Petaluma.
- Breach of confidentiality is sufficient grounds for termination of the volunteer’s relationship to the Village Network of Petaluma, and its members.

I have read the above carefully, and I agree to observe these confidentiality guidelines and strictly protect the privacy of Village Members.

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_____	_____	_____
Print Name	Signature	Date

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## EMERGENCY CONTACT INFORMATION

PLEASE PRINT:

Volunteer Name: \_\_\_\_\_

**Primary Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_