



**WALLA WALLA
SENIOR CENTER**
THE CENTER AT THE PARK
Serving Seniors since 1971

Join us on our mission to empower older
adults to live healthy and happy lives.

WALLAWALLASENIORCENTER.ORG

Volunteer Application

Today's Date: _____

Applicant Information

Which department are you applying for? Circle all that apply:

Senior Center

Nutrition Program

Adult Day Center

Name: _____ DOB (MM/DD/YEAR): _____
First M Last

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

Phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Email: _____

General Questions:

1. Can you lift 15 pounds comfortably? Yes / No
2. Do you own & drive a reliable vehicle with proof of insurance? Yes / No
3. Do you have experience working with elderly, special needs, physically frail, or vulnerable individuals? Yes / No
4. Explanation of any of the above if necessary: _____

When are you available to volunteer?

Days: _____

Hours: _____

Seasons: _____

When are you unavailable? _____

Please list any talents, interests, or special training: _____

Continued on next page →



Are you interested in volunteering for special events on weekends or evenings? Yes / No

What languages do you speak?
English Spanish Russian
Other:

Possible Volunteer Opportunities

Please circle your choices. Please note that not all of these opportunities are available year-round. While all opportunities require a background check, some may also require CPR, a Food Handlers Card, and/or a TB test.

Nutrition Program: Meals-on-Wheels driver (permanent) • Meals-on-Wheels driver (substitute)

Dining Room / Kitchen: Table set • Clean-up • Kitchen prep • Serve food

Office: Front desk volunteer • File / organize records • Distribute flyers

Adult Day Center: Activity assistant • One-on-one care • Enrichment volunteer: give a presentation about an interesting topic, play a musical instrument, put on a talent show, tell a story - it's up to you!

Other: Janitorial • Gardening / Lawn care • Lead a program / activity

Other volunteer interests: _____

How did you hear about us? _____

Please continue to next page to complete the Confidentiality Agreement and Background Check Authorization Form





Confidentiality Agreement

The purpose of the Confidentiality Agreement is to establish standards of conduct for all volunteers of the Walla Walla Senior Center. Every volunteer has an ethical and legal responsibility to the Senior Center participants, the Senior Center programs, the community, and themselves, to treat client information as private. Personal client information should be treated in the same way you would protect your own personal information. Volunteers are expected to keep information and details about participants completely confidential.

By signing below, I agree to the following:

- Information and details about a participant are confidential and may only be discussed with appropriate staff members for agency business.
- No identifying information about the participant (e.g. names, addresses, etc.) will be revealed, except within the confines of agency business to the appropriate staff.
- Client records, files, lists, and route sheets, are confidential and should be protected from view of the public and should be used for agency purposes only.
- Discussing information about a participant outside of the agency environment is prohibited. Any and all information, even if the address, phone number, etc, are not revealed, could also be a breach of confidentiality.
- If information has been made public through any other source, that does not alter the fact that the participant has confidentiality privileges within the agency and you still must keep their information confidential.

By signing below, I agree that I will not:

- Accept or use a participant's money or property (i.e. share living expenses, accept gifts or tips, any joint purchasing, or enter into loan agreements.
- Purchase or sell any item, service, or property or anything else of value from/to program participants.
- Have financial or private interest direct or indirect, personally or through an immediate family member.
- Assume a role that directs the affairs of a participant in any way, including financial, health care, or living arrangements.

I, the undersigned, have read and understand the Volunteer Application and Confidentiality Agreement. I recognize that falsifying any information and/or failing to abide by the Confidentiality Agreement may subject me to civil liability under provisions of State law. I certify that all information I have provided on this application is accurate to the best of my knowledge. Media Opportunities: I understand that information and/or photos of my volunteer service may be used for media opportunities unless I indicate otherwise. Release of information: I understand that information provided on this form will only be disclosed for the purpose of volunteerism. Insurance: If I use my automobile in volunteer service, I certify that I carry and will keep in effect the automobile insurance equal to or greater than the minimum required by Washington State law. I understand that I am not an employee of the sponsor or the volunteer opportunity provider and agree to serve without compensation.

Signature: _____ **Date:** _____



Walla Walla Senior Citizens Center Background Check Authorization Form (RCW 43.43.830)

AUTHORIZATION TO RELEASE INFORMATION - APPLICANT INFORMATION

Today's Date: _____

Name

Last: _____ First: _____ Middle: _____

Is this your legal name? Yes / No If not, what is your legal name? _____

Former name: _____

Birth Date: _____ Sex: F / M

DISCLOSURE STATEMENT

Self Disclosure Questions: Please answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crime against children or vulnerable persons as defined in RCW 43.43.830?

Answer: _____ If YES, explain: _____

2. Do you have any charges pending against you for any crime?

Answer: _____ If YES, explain: _____

3. Has a court or state agency ever issued you an order or other final notification, stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult?

Answer: _____ If YES, explain: _____

I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults. Any misrepresentation or willful omissions of facts shall be grounds for rejection of the volunteer from service and shall be grounds for termination of service. I certify that the above information is true and correct and I authorize the Walla Walla Senior Citizens Center Inc to request a criminal history check through the Washington State Patrol or Federal Law Enforcement agency.

Signature: _____ Date: _____



Requesting Agency

Walla Walla Senior Citizens Center
720 Sprague St
Walla Walla, WA 99362
509-527-3775

Purpose:

New Employee

Volunteer

Other (Please explain): _____

Person requesting background check:

Name: _____ **Title:** _____

I certify that this request is made pursuant to an for the purpose indicated:

Signature

Date