



Volunteer Application Form

Name: _____ Date: _____

E-mail: _____ Phone: _____
 Cell Home Work Other

Address: _____ City: _____ Zip: _____

Occupation/Student: _____ Employer/School: _____

Birth date (month/day/year): _____ Are you over 18 years of age? Yes No
(Applicants under 18 years of age need parental permission to volunteer with SPSS. Please see the consent form at end of application)

Which Language(s), besides English do you speak? _____

Emergency Contact:

Name: _____ Phone: _____ Relation: _____

How did you learn about St. Paul's: _____

List any previous volunteer experience:

1. Organization: _____ Details: _____

2. Organization: _____ Details: _____

3. Organization: _____ Details: _____

Describe any special skills or hobbies you could share with our residents:

Why do you want to volunteer for St. Paul's Senior Services?

What location(s) are you interested in volunteering for:

- | | | |
|---|--|---------------------------------------|
| <u>South San Diego</u> | <u>Central San Diego</u> | <u>East County</u> |
| <input type="checkbox"/> Plaza (Memory Care, Assisted Living) | <input type="checkbox"/> Community Care Center (Child Care, Senior Day Care) | <input type="checkbox"/> PAC El Cajon |
| <input type="checkbox"/> PACE Akaloa | <input type="checkbox"/> Villa (Memory Care, Assisted Living) | |
| | <input type="checkbox"/> Manor (Independent Living) | |
| | <input type="checkbox"/> McColl Health Center (Skilled Nursing Facility) | |
| | <input type="checkbox"/> PACE Reasner | |



Please indicate days and hours you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Please indicate approximate length of your volunteer commitment: _____

As a Volunteer of St. Paul's Senior Services, I understand I may have access to information that is confidential in nature. I understand that this information is not to be shared with others who do not have a need to know, family, friends, or acquaintances. I understand that I am to maintain confidentiality of all information received when I receive, talk with, or overhear information on or about a resident or client. I understand I am to maintain the confidentiality of all records and record systems. My signature below acknowledges my understanding and responsibility to adhere to St. Paul's Senior Service's Confidentiality Policy.

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My signature below acknowledges that I/we have read and understand the terms of this Release and Waiver of Liability Agreement, and agree to be bound by its terms.

My signature below acknowledges that I/we affirm that I/we have read the Statement of Good Health information and affirm that the person named below is in good health.

Volunteer Name (please print)

Date

Volunteer Signature

If you are under 18, please have your parent or guardian complete this section.

Parental/Guardian Consent Form:

I hereby allow my son/daughter/minor, for whom I am the guardian, to participate in St. Paul's Senior Services Volunteer Program.

Parent/ Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



Volunteer Release and Waiver of Liability Agreement

As a volunteer at St. Paul's Senior Services, the volunteer and the volunteer's guardian, if the volunteer is a minor, on behalf of themselves and each other, and their respective heirs, representatives, successors and assigns, hereby agree to the following terms:

- 1. Waiver and Release.** I/we hereby release and forever discharge and hold harmless St. Paul's Senior Services and its successors and assigns from any and all liability, claims, and demands of whatever nature, either in law or in equity, which arise or may arise from the volunteer's work or presence at any of the St. Paul's Senior Services facilities. I/we understand and acknowledge that this Release discharges St. Paul's Senior Services from any liability or claim that volunteer or guardian may have against St. Paul's for bodily injury, personal injury, illness, death, or property damage arising out of or resulting from volunteer's presence at any of the St. Paul's Senior Services facilities.
- 2. Medical Treatment.** I/we hereby release and forever discharge St. Paul's Senior Services from any claim whatsoever resulting from any first aid treatment or other medical services rendered to the volunteer as the result of an emergency during the volunteer's time at St. Paul's.
- 3. Assumption of Risk.** I/we understand that the volunteer's time at a St. Paul's facility may include activities that could expose the volunteer to certain hazards. St. Paul's Senior Services serves a wide range of diverse seniors and cannot foresee every hazardous situation that may arise. For example, seniors with dementia have been known to be physically violent or verbally abusive. At any given time, there may be seniors in attendance at a St. Paul's facility who have an infectious disease, a criminal record or criminal background, or substance abuse issues. This list is meant to provide a sample of hazardous conditions, and is not meant to be all inclusive. I/we hereby expressly assume the risk of all injury or harm to the volunteer and release St. Paul's Senior Services from all liability or claim for injury, illness, death or property damage arising out of or resulting from volunteer's presence at any of the St. Paul's Senior Services facilities.
- 4. Photographic Release.** I/we consent to the taking of photographic images and video or audio recording of the volunteer during the volunteer's time at St. Paul's Senior Services, and hereby waive any right or claim to any interest in, title to or use of any such photographic images or video or audio recording.
- 5. Enforceability.** We understand that this release and waiver is intended to be as broad and comprehensive as possible under the laws of the State of California. In the event that any clause or provision of this agreement is determined to be unenforceable, we agree that the remaining clauses and provisions shall remain fully enforceable.



St. Paul's Senior Services Statement of Good Health

Dear Volunteer:

Thank you very much for becoming a volunteer at St. Paul's Senior Services. Prior to your start date at St. Paul's, please read and complete this form.

Most licensed programs in the state of California are governed by the California Department of Social Services, Title 22 Regulations.

Those regulations require that all personnel, including **volunteers** be in good health and be physically and mentally capable of performing assigned tasks. The good physical health of each volunteer who works at St. Paul's needs to be verified by signing a statement affirming that he/she is in good health.

STATEMENT OF GOOD HEALTH

I understand that in order to ensure the health and safety of residents, seniors, children and employees of St. Paul's Senior Services, and to meet Title 22 regulations, all individuals spending time in St. Paul's various programs and facilities must have on file a statement of good health.