



Volunteer Services Application Form

Your Support Enables SAIL to Live Its Vision:

A community of members that serve one another as they pursue successful aging.

Name _____

SAIL Members may skip this box.

Phone _____ Cell _____

Address _____

City _____ Zip _____

E-mail address _____

AVAILABILITY Please indicate times and hours that you are available.

	Indicate times available below between 8:00 a.m. and 4:30 p.m.
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Evenings
 While most volunteer opportunities occur during the day, we may have some short term evening opportunities. Please note evening availability below.

I prefer to volunteer:
 (check all that apply)
 _____ Weekly
 _____ Every other week
 _____ Monthly
 Best time to reach you

List any hobbies, interests or skills that you have to offer as a volunteer.

May we recognize you publicly in our SAIL newsletter or at SAIL events? Yes No

If you wish to volunteer as a driver, do you have a valid driver's license and valid automobile insurance (required)? Yes No

Wisc. Driver's License # _____

Have you been charged with or arrested for an offense or convicted of a crime? Yes No

If yes, explain _____

Information needed for background and/or driver record check

Do you require special accommodations in order to perform your volunteer duties?

Yes No

If yes, please explain: _____

REFERENCES

Please list two personal/professional references

Name _____ Relationship _____

Phone _____ Email _____

.....

Name _____ Relationship _____

Phone _____ Email _____

Volunteer Opportunities

Please indicate any of the areas in which you would like to volunteer or indicate other areas of interest that are not currently listed.

Transportation*

- Pick members up and return them to their homes for appointments. Destinations typically include doctor appointments, grocery stores, or banking errands.
- * Prior to driving, each volunteer driver must pass a driving record check, a security check, and provide SAIL with a valid copy of his/her driver's license and valid insurance information to be kept on file.

In Home Assistance: Helping with paperwork, minor housekeeping chores, preparation of a meal or provide a meal, pulling weeds, answering computer questions, etc.

Companionship: Visiting member by phone or in person, providing companionship on walks or outings, dining out with member or attending local events, exercise partners.

Light Home Maintenance: Changing light bulbs, hanging curtains, flipping mattresses, resetting clocks, testing smoke alarms, etc., conducting minor repairs, sweeping and shoveling walks.

Social Events, Programs, Committees Support: Initiating and arranging events of interest for members, locating and recommending programs and social events. Participation in finance, member engagement, and/or event planning committees.

Medical Advocacy: Accompanying a member to medical appointments, taking notes at medical appointments to compare post-visit.

Office Support: Assisting with phone calls, mailings, filing, entering information into a database, assisting with mailings, following up after volunteer visits to determine member satisfaction.

Other Volunteer Interests Not Listed Above:

SAIL CONFIDENTIALITY STATEMENT

Confidential information can be defined in many ways. SAIL's confidentiality policy includes all information about members and/or their family, volunteers, vendors, and employees. All information related to members and their family, volunteers, donors, and employees that you acquire in the course of your SAIL experience is to be held in the utmost confidential manner.

I understand that I have a legal and ethical responsibility to maintain the privacy and confidentiality of member information. I will not disclose any information or discuss any such information with anyone except appropriate SAIL staff members or other persons as determined by the Executive Director or the appropriate SAIL staff member.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of member's information.

All of the information on this application is given freely and without reservation, and is true and correct to the best of my knowledge. I understand SAIL **will require a criminal background check for volunteer applicants and I grant my permission for such a check, along with the additional checks if I choose to be a volunteer driver.** I understand that falsification of this application is reason for rejection or closure, and the placement of volunteers is at the discretion of SAIL. I also have read and agree to the SAIL confidentiality statement above.

Signature _____ Date _____

For Office Use Only

Volunteer application received: _____ Background check completed: _____

For volunteer drivers: Drivers' check completed: _____ Drivers license on file : _____ Date of expiration: _____

Insurance info on file: _____