



Dear Friends of Foster City Village,

Thank you for your interest in becoming a Foster Village volunteer. We recognize the value of your time and we will do everything we can to make your volunteer experiences gratifying and fulfilling. Our volunteers play a vital role in carrying out the mission of Foster City Village.

The members that you will be serving may include those who are frail and/or otherwise dependent upon others. Please note that all volunteers will have a background check, references verified, and DMV driving record validated. This is to protect both the member, and you, the volunteer. In addition, our volunteer drivers must provide proof of auto liability insurance. All Foster City Village volunteers will be covered by our comprehensive umbrella policy.

Please complete these documents:

1. Fill out the Volunteer Form and sign.
2. Fill out Volunteer Opportunities
3. Fill out the Volunteer Confidentiality Agreement and sign it.
4. Fill out the Authorization to Release Information Form and sign it.

Our background check and any documents with your social security number and driver's license number will be disposed of once the background check has been completed.

Return these documents to: Foster City Village

Mailing Address: 969-G Edgewater Blvd, #901, Foster City, CA 94404

Office Address: 1000 E. Hillsdale Blvd., Foster City (Community Center, 2<sup>nd</sup> Fl)

Voice Mail: 650-378-8541

Email: [fcvillage@att.net](mailto:fcvillage@att.net)

[www.fostercityvillage.org](http://www.fostercityvillage.org)

Thanking you in advance, we look forward to welcoming you to Foster City Village.



## VOLUNTEER OPPORTUNITIES

Please note your availability in the area(s) of interest to you:

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

Member Services	Availability
<b>*Transportation:</b> Rides to Doctor/Dentist appointments, grocery shopping, errands, etc.	
<b>*Companionship:</b> Friendly visits either in person or by telephone, etc.	
<b>*Brief absence services:</b> Water plants, limited pet care, mail pick-up, etc.	
<b>*Light Home Maintenance:</b> Take out trash, recycling, change light bulbs, flip mattresses, etc.	
<b>*Technology Assistance:</b> Computers, TV, phones, etc.	
<b>Paperwork:</b> Organization of papers, fill out forms, etc.	
<b>Join a Committee:</b>	
Membership	
Volunteer	
Public Relations	
Social	
Fundraising	
<b>Office Services and Support at the FCV Office:</b>	
Serve as Office Manager	
Receptionist/ answer phone / easy office tasks	
Member services	
Bookkeeping Services	
Computer Services	
<b>Social Events and Educational Programs:</b> Give us your ideas. Can you help coordinate and manage events.	
<b>Your Talents:</b> Tell us what you can offer.	

**\*REQUIRES BACKGROUND CHECK**

*Would You Like To Make A Contribution To The FCV?*

For more information contact: Foster City Village  
 Voicemail: (650) 378-8541  
 Email: fcvillege@att.net  
 Office Address: 1000 Hillsdale Blvd.,  
 Foster City, CA 94404  
 www.fostercityvillage.org

<b>FOR OFFICE USE ONLY: INITIAL ____ /DATE ____</b>	
<input type="checkbox"/> DOB	_____
<input type="checkbox"/> Driver's Lic. expire	_____
<input type="checkbox"/> Insurance expire	_____
<input type="checkbox"/> Background Check	_____
<input type="checkbox"/> DMV	_____
<input type="checkbox"/> Reference	_____



## VOLUNTEER FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone(s) \_\_\_\_\_ Email \_\_\_\_\_

### In case of emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

### Personal References:

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

### Driver information if Applicable:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Auto Year (1) \_\_\_\_\_ (2) \_\_\_\_\_

Make/Model (1) \_\_\_\_\_ (2) \_\_\_\_\_

License Plate Number(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Program Commitment - I understand that as a volunteer for Foster City Village, I am responsible for carrying my own liability insurance; therefore, Foster City Village, its directors, board members and employees are released from all liability with respect to my active volunteer driver status for Foster City Village.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_



## VOLUNTEER CONFIDENTIALITY AGREEMENT

By submitting this application, I affirm that the facts set forth in it are true and complete. As a Foster City Village volunteer, I agree to the following:

1. I agree to conform to all Foster City Village policies, rules and procedures.
2. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in immediate termination of my service as a volunteer.
3. I will offer my time without monetary compensation.
4. I authorize Foster City Village to contact my references and perform a background check, including my driving record and any criminal records. I understand that all information collected in my background check will be kept confidential. Any references contacted have my permission to provide their candid evaluation of my suitability for the described volunteer work.
5. As consideration for volunteering for Foster City Village, I agree to indemnify Foster City Village against and hold it harmless from all loss and expenses arising out of any act, neglect or fault on my part in the course of volunteering. I further agree that, I, my assignees, heirs and legal representatives will not make any claim against or sue Foster City Village, its officers, directors, employees, agents or contractors for injury or damage resulting from my act, neglect or fault as a volunteer. **I HEREBY RELEASE AND DISCHARGE FOSTER CITY VILLAGE AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS OR DEMANDS THAT I, MY HEIRS AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY VOLUNTEERING. I FURTHER UNDERSTAND THAT, IF I AM INJURED IN THE COURSE OF MY VOLUNTEER WORK FOR FOSTER CITY VILLAGE, I AM NOT COVERED BY ANY WORKERS' COMPENSATION PROGRAM AVAILABLE TO FOSTER CITY VILLAGE EMPLOYEES.**
6. As a Foster City volunteer, I understand that it is imperative to protect the confidentiality of all information pertaining to any Village member, non-member or other volunteer or client associated with Foster City Village, and that any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files is prohibited and grounds for immediate termination of my service as a volunteer.
7. I hereby authorize Foster City Village to use any photographs taken of me while I am engaged in Foster City Village activities on its website and in publications and to release such photographs for publication in newspapers, magazines, and other printed material without notice or compensation to me, my heirs or assigns. I further understand that my consent to such release extends to the use of such photographs by any Community Village Organization (CVO) affiliated with Foster City Village.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your signature confirms that you understand and accept the terms of the Volunteer and Confidentiality Agreement set forth above. You also understand that Foster City Village is not obligated to use your services and if you are offered a volunteer position you are not obligated to accept it. The information you have submitted will not be given to any other parties without your permission.



# AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND VERIFICATION AND DMV DRIVING RECORD

I, \_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

Current Address: \_\_\_\_\_

Dates Lived at Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email address (may be used for official correspondence): \_\_\_\_\_

Information appearing on this Authorization will be used exclusively by Foster City Village, for identification purposes and for the release of information which will be considered in determining any suitability for providing volunteer services. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it, and in any interview in the knowledge that they will be relied upon in considering my application to be a volunteer. I agree to provide additional information that may be requested to process my application. This information is valid during the course of my providing volunteer services for Foster City Village to the extent permitted by law. Once background check is completed, this information will be destroyed.

\_\_\_\_\_  
Printed Name                                      Applicant Signature                                      Date

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(Information below will be used only for DMV/background check and destroyed when clearance accepted)

Other names used (including maiden name – include years during which each name was used)

\_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_      Renewal Date \_\_\_\_\_      State \_\_\_\_\_