



V I L L A G E  
OF THE  
COASTSIDE

AGING BETTER

Village of the Coastsides (VOTC) Volunteer:

We can't do it without YOU! People like you who are willing to volunteer to help others in their communities are the heart of the VOTC. We thank you for your interest and want to assure you that we value your time and will do everything we can to make your volunteer experience satisfying and fulfilling.

VOTC members we serve will range from the fully independent (who may be volunteers themselves) and need help for unexpected injury, to others being served who may be more dependent upon others.

Because our volunteers will work closely with our members, for those volunteers who will be providing rides or who might enter a member's home, a background check is required, at no cost to you. As you would expect, volunteer drivers will be asked for proof of adequate auto liability insurance, and their DMV driving record will be validated. Equally important to know is that all VOTC volunteers will be covered by a volunteer accident insurance policy.

Please complete and sign the following documents:

1. Volunteer Application Form
2. Volunteer Opportunities Form
3. Volunteer Confidentiality And Release of Information Agreement
4. Disclosure and Authorization Form to Obtain a Criminal Background Report and DMV Record for Volunteer/Employment Purposes

The VOTC background check and any documents which include your social security number and driver's license number will be **disposed** of once the background check has been completed.

Please return to:

Jeanette Ward, Volunteer Coordinator 650.954.7476

P. O. Box 1595 El Granada, CA 94018

Village phone: 650-440-5030

[www.villageofthecoastside.org](http://www.villageofthecoastside.org) [info@villageofthecoastside.org](mailto:info@villageofthecoastside.org)

**VOLUNTEER APPLICATION FORM – Please print clearly!**

Last Name \_\_\_\_\_ First: \_\_\_\_\_ M\_\_ F\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone(s) Home \_\_\_\_\_

Cell \_\_\_\_\_

Best method to contact you? \_\_\_\_\_

**In case of emergency, please notify:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

Please explain any health reasons that might limit your ability to volunteer (ie: pet allergies, physical limitations) \_\_\_\_\_

**Employment Field: Please note if you are retired.**

**Special Skills, abilities, interests:** \_\_\_\_\_

By signing below, you certify that the information you have provided is true and complete to the best of your ability.

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

Return to: Village of the Coastsides P.O. Box 1595 El Granada, CA 94018  
Questions? Call 650.440.5030 or [info@villageofthecoastside.org](mailto:info@villageofthecoastside.org)

## VILLAGE OF THE COASTSIDE (VOTC) VOLUNTEER OPPORTUNITIES

Please note your willingness to volunteer in area(s) of interest to you.

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

Date: \_\_\_\_\_

Member services (Check all desired areas)	Availability – (Specify days of the week Mon. – Sun. and time of day 8 AM – 8 PM)
<ul style="list-style-type: none"> <li>○ “Ride” – Local transportation (HMB - Montara) to appointments, shopping, events, etc</li> </ul>	
<b>Personal Assistance</b> <ul style="list-style-type: none"> <li>○ Run errands</li> <li>○ Light gardening help</li> <li>○ Pick up prescription, dry cleaning, other</li> <li>○ Help with paying bill</li> <li>○ Clearing clutter, organizing (ie calendar)</li> <li>○ Caregiver relief for short periods</li> <li>○ Assist with pet care</li> <li>○ Home-check when member is away</li> </ul>	
<b>In-Home Assistance</b> <ul style="list-style-type: none"> <li>○ Handyman projects/minor repair</li> <li>○ Home safety check</li> <li>○ Change light bulbs</li> <li>○ Change fire alarm batteries</li> <li>○ Take trash/recycling to the curb</li> <li>○ Assist with laundry</li> </ul>	
<b>Social Support</b> <ul style="list-style-type: none"> <li>○ “Just Checking In” Periodic phone check-in</li> <li>○ “Just Checking In” Friendly visits</li> <li>○ “Med Pal” Prepare for and/or accompany to local med. appts, make notes, assist with organizing meds, assist with family communication</li> </ul>	
<b>Technology support (computer, phone, tablets, software, social media, dependent on membership demand)</b> <ul style="list-style-type: none"> <li>○ In member’s home</li> <li>○ Classroom (group) environment instruction</li> <li>○ Join VOTC Tech committee (limited skills ok)</li> </ul>	
<b>Social Events and Programs</b> <ul style="list-style-type: none"> <li>○ Help organize local community activities: theater, museum, socials, lecture series, dining out, etc</li> <li>○ Assist with activities: walks, games, outings, trips</li> </ul>	
<b>Concierge/Promoting VOTC</b> <ul style="list-style-type: none"> <li>○ Assist with phone calls from/to members, vendors, volunteers for service request scheduling</li> <li>○ Be an ambassador within your community</li> <li>○ Newsletter assistance, other writing projects</li> <li>○ Join Messaging, Fundraising, Finance, Volunteer, Membership, or Vendor committee/s</li> </ul>	

## VOLUNTEER CONFIDENTIALITY AND RELEASE OF INFORMATION AGREEMENT

**As a volunteer for Village of the Coastsides (VOTC):**

1. I will conform to all Village of the Coastsides policies, rules, and procedures.
2. I understand that I as a Volunteer will receive no compensation, monetary or otherwise.
3. If as a volunteer I will be driving or meeting with members in their homes, I understand that VOTC will perform a background check including my driving record (if applicable) and any criminal records. I understand that all information collected will be kept confidential. VOTC warrants that all information collected in my background check will be kept confidential and not shared with anyone outside the Village management.
4. As a VOTC volunteer/driver I understand that, for the safety of all, I am not to attempt to lift or transfer anyone in their home or into/out of a vehicle.
5. As a volunteer for VOTC, I agree to indemnify Village of the Coastsides against and hold them harmless from all claims, loss and expenses arising out of any act, negligence, or fault on my part in the course of volunteering. I further agree that, I, my assignees, heirs and legal representatives will not pursue any claim or legal action against Village of the Coastsides, their officers, directors, employees, agents or contractors for injury of damage resulting from my act, neglect or fault or while performing as a volunteer.
6. **I HEREBY RELEASE AND DISCHARGE VILLAGE OF THE COASTSIDES, THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND CONTRACTORS FROM ALL ACTIONS, CLAIMS OR DEMANDS THAT I, MY HEIRS OR LEGAL REPRESENTATIVES MAY HAVE, FOR INJURY OR DAMAGE RESULTING FROM MY VOLUNTEERING. I FURTHER UNDERSTAND THAT, IF I AM INJURED IN THE COURSE OF MY VOLUNTEER WORK FOR VILLAGE OF THE COASTSIDES, I AM NOT COVERED BY ANY WORKERS' COMPENSATION INSURANCE WHICH MAY OTHERWISE BE AVAILABLE TO VILLAGE OF THE COASTSIDES EMPLOYEES, SINCE I WILL NOT BE AN EMPLOYEE OF VILLAGE OF THE COASTSIDES, NOR IN AN EMPLOYER/EMPLOYEE RELATIONSHIP WITH THEM.**
7. As a Village of the Coastsides 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 Village of the Coastsides, and that any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files is prohibited.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your signature confirms that you understand and agree to the terms and conditions of the Volunteer Confidentiality and Release of Information Agreement as set forth above. Your volunteering to be a helping neighbor to those in the Village is very much appreciated – and we truly “can’t do it without you!” Of course, you have the option to change your mind at any time – and, depending on the needs of the Village, we may not have service opportunities for all the people who may volunteer at any time.

**Disclosure and Authorization Form to Obtain a Criminal Background Report and DMV Record For Volunteer/Employment Purposes**

Last Name	First Name	Middle Name
Current Address (street, city, state, zip code)		Dates Lived Here
Date of Birth	Other Names Used (including maiden name)	Years Used

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

**Disclosure**

In considering you for employment/volunteer service, Village of the Coastsides (VOTC) will request and rely upon a criminal background report and your DMV record, if you are a driver.

**Village of the Coastsides** intends to obtain information about you for employment /volunteer screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” obtained for volunteer/employment purposes. The results of this report may be used as a factor in making volunteer service/ employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net.** Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

**Authorization**

I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Village of the Coastsides. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records.**

Printed Name	Signature	Date
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- By checking this box, you may request and obtain a copy of this report.

**Information below will be used for background/DMV check and destroyed when check is completed**

REQUIRED:

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

**If providing transportation please also provide:**

Driver's License or I.D. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Copy of Declaration of insurance page for limits of liability.