



Date of Volunteer Application: \_\_\_\_\_  
Area Assigned: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Date of Orientation \_\_\_\_\_

Application Updated June 2023

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth: (Month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reasons for Wanting to Volunteer:**

- I believe in the cause/goals/mission of the organization and want to support it
- To meet new people/ make new friends
- To feel useful/needed
- To have fun
- To learn a new skill
- To refresh an old skill
- To fulfill a community service requirement (school, work, church)
- To spend quality time with family/friends by volunteering together

**Volunteer Opportunities: (Please indicate your interest below) Highlighted Items- Priority Need**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Home Delivered Meals Driver</b> | <input type="checkbox"/> <b>Café support at the Hub</b> | <input type="checkbox"/> Newsletter Mailings                      |
| <input type="checkbox"/> Senior Companion                   | <input type="checkbox"/> Dining Room Heritage Towers    | <input type="checkbox"/> Administrative/Computer Assistance       |
| <input type="checkbox"/> Family Caregiver Support           | <input type="checkbox"/> Special Events                 | <input type="checkbox"/> Young at Heart Theater Group             |
| <input type="checkbox"/> Handy Man Services                 | <input type="checkbox"/> Fundraisers / Keystone Awards  | <input type="checkbox"/> Crafts/Hobbies                           |
| <input type="checkbox"/> Grab n' Go Helper                  | <input type="checkbox"/> Story/Big Horn/TRV Meal Site   | <input type="checkbox"/> Instructors (exercise/computers, etc.)   |
| <input type="checkbox"/> Café Desk                          | <input type="checkbox"/> Urban Thrift Store             | <input type="checkbox"/> "Hub Caps" singing group                 |
| <input type="checkbox"/> Dementia Friendly Wyoming          | <input type="checkbox"/> Share a Special Skill/Talent   | <input type="checkbox"/> Entertainment / Special Music            |
| <input type="checkbox"/> Registrar at the Hub               | <input type="checkbox"/> AARP Tax Assistance            | <input type="checkbox"/> Short term - school credit               |
| <input type="checkbox"/> Loan Closet                        | <input type="checkbox"/> Snow Patrol                    | <input type="checkbox"/> <b>Trailblazer (ask us for details!)</b> |

Other Interests not listed: \_\_\_\_\_

Some volunteer positions may require a background check / NSO check / reference check / signed handbook and/or orientation

Availability: Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri. \_\_\_\_ Sat. \_\_\_\_ Sun. \_\_\_\_ AM \_\_\_\_ or PM \_\_\_\_

Summarize relevant work experience \_\_\_\_\_

Summarize relevant volunteer experience \_\_\_\_\_

Summarize education &/or special training \_\_\_\_\_

Summarize your interests, abilities, any special skills/hobbies \_\_\_\_\_

How did you find out about this Volunteer Opportunity? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

Please list 2 References (not related to you)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Limitations: (no heavy lifting, limited walking, limited hearing/vision etc.) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

**AUTHORIZATION OF RELEASE**

By signing this document, I authorize the HUB on Smith to and contact the references I have listed above. I also understand for certain volunteer positions a criminal background check may be required. I also understand that I may withhold my permission and that in such a case, no investigation will done, and my volunteer application not be processed further.

**SIGNATURE OF VOLUNTEER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**VOLUNTEER NAME – PRINT** \_\_\_\_\_

I certify that the answers given herein are true and complete to the best of my knowledge.  
I understand that I am required to abide by all rules and regulations of the Hub on Smith.

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

The Hub on Smith is an equal opportunity provider and employer

**For more information, visit the Hub on Smith at [www.thehubsheridan.org](http://www.thehubsheridan.org) (Like us on Facebook)**

For internal purposes only, initial and date

\_\_\_\_\_ Application Signed

\_\_\_\_\_ Handbook Signed

\_\_\_\_\_ Background Check

\_\_\_\_\_ Reference Check

\_\_\_\_\_ Added to Volunteer List/ ServTracker



## **CONFIDENTIALITY**

Confidentiality shall be strictly enforced with volunteers of the Senior Citizens Council.

No volunteer shall disclose information related to a client and his/her services with Senior Citizens Council, either during, or after termination of, the employment relationship between the volunteer and the Senior Citizens Council. Volunteers involved directly with persons receiving services will be held responsible for ensuring that personal information is disseminated only to other professionals involved with services. All written documents of a confidential nature will be maintained in a secure place. Confidential telephone conversations will be held only in a private office/workspace.

It is the responsibility of all volunteers to monitor confidentiality in their work areas and report all concerns and/or violations to their supervisor.

I hereby acknowledge receipt of the above policy, have read the same, and understand the contents thereof.

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Volunteer Signature

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Date

**Continued on Back!**



## **CONFLICT OF INTEREST - VOLUNTEERS**

It is the policy of the Senior Citizens Council, to prohibit its volunteers from engaging in activities, practices, or acts which conflict with the interests of the organization and the people it serves. Acknowledging that the organization serves well over 2,000 people a year, it is likely that volunteers will personally know and be related to some of the people the organization serves.

Examples of conflicts of interest include, but are not limited to:

If a volunteer or member of his/her immediate family or volunteer has a financial interest in a firm which does business with the Senior Citizens Council, the volunteer must report the interest to the Executive Director and must not represent the Senior Citizens Council in such a transaction.

No volunteer or member of his/her immediate family shall accept gifts from any person or firm doing or seeking to do business with the Senior Citizens Council. Such gifts must be returned. However, volunteers are not prohibited from accepting advertising novelties such as pens, pencils, calendars, or other gifts of nominal value when circumstances clearly show that the gifts are offered for reasons of personal esteem and affection.

Volunteers shall not display favoritism or preferential treatment of one person or group of people served by the organization over another.

Volunteers shall not suggest or recommend any business or service with which they have a personal or professional relationship.

A volunteer providing direct services to an individual and/or family will maintain a professional relationship within the scope of the volunteer's job description and the program's service description. Personal relationships with people a volunteer provides direct service to are prohibited. If a personal relationship exists prior to service, the volunteer will report the relationship to their supervisor and the Executive Director.

No volunteer shall deal with a person serviced except in a relationship that will support the approved goals of the service plan. Specifically, staff members must not accept, either for themselves or any member of their family, any personal (tangible or non-tangible) gift, favor, or service, from a person receiving services from the organization or from their family or close associates, nor shall any staff give any gifts, favors or services to persons served, their families or close associates.

No volunteer shall enter into any business relationship with people receiving services from the organization or their families.

Since the above examples are not exclusive, it is the responsibility of each volunteer to report any questionable circumstances to his/her immediate supervisor.

The Senior Citizens Council, by and through its Executive Director, may waive any volunteer conflict of interest under factual circumstance deemed by the Executive Director to warrant such waiver, in the Executive Director's sole and absolute discretion.

I hereby acknowledge receipt of the above policy, have read the same, and understand the contents thereof.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

SSC

Adopted: August 2001. Revised: March 2004, October 2006,  
Current Version: February 2014