



Volunteer Application and Release

Date: _____

You can submit this completed form via: e-mail to volunteer@silverkey.org, mail, or in-person at:
Silver Key Senior Services, Volunteer Program Manager, 1625 S. Murray Blvd, Colorado Springs, CO 80916

Are you a: ☐ New volunteer to Silver Key, or ☐ Returning volunteer to Silver Key

Are you a **current** client of Silver Key: ☐ Yes ☐ No If **yes**, which department? _____

Are you a **past** client of Silver Key: ☐ Yes ☐ No

Are you a Veteran or a spouse of a Veteran: ☐ Yes ☐ No

How did you hear about volunteering at Silver Key? _____

Volunteer Information – Information provided in this section is used for the application process, including a background check.

Legal Name: _____

Date of Birth: _____ Gender: ☐ M ☐ F

Address: _____

Driver License # _____

City/State/Zip: _____

Driver License issuing state: ☐ CO, ☐ Other _____

Home Phone: _____

Driver License expiration date: _____

Cell Phone: _____

Do you have a Commercial Driver License (CDL)? ☐ Y ☐ N

E-mail: _____

Please note that you will be asked to provide your Social Security number after the interview process for a criminal background check.

Emergency Contacts – Who can we contact in case of an emergency?

Name: _____

Name: _____

Phone: _____

Phone: _____

Relation: _____

Relation: _____

Volunteer Interest and Availability – What areas of volunteering are you interested in? (Check all that apply)

- | | | | |
|---------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Van Driver | <input type="checkbox"/> Delivering Meals | <input type="checkbox"/> Errand Running /Companionship | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Food Pantry Assistant | <input type="checkbox"/> Kitchen Aide (several locations available) | <input type="checkbox"/> Clerical/Data Entry/Research | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Medical Equipment Assistance/ Repair | <input type="checkbox"/> Thrift Store Staff* | <input type="checkbox"/> Anything, really. | |

Do you want client interaction? ☐ Yes ☐ No

Tell us what days and times you are available to volunteer:

Mon	Tues	Wed	Thurs	Fri	Sat*
()	()	()	()	()	()

*Saturday opportunities are limited to the Silver Key Friends Thrift Store.

Community Service – Community service positions are limited to select departments, hour requirements and availability.

Do you have a set amount of hours that you are **required** to contribute in a community/public service program? ☐ Y ☐ N

Name of the program or agency: _____

If yes, please indicate number of hours: _____ By what date do these hours need to be served? _____



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Education/Skills

What is the highest level of education you have achieved?

☐ GED, ☐ H.S. Diploma, ☐ B.A./B.S., ☐ Master's Degree, ☐ Higher

Please rate your computer skills:

Internet Browsing ☐ None ☐ OK ☐ Good ☐ Great
Microsoft Word ☐ None ☐ OK ☐ Good ☐ Great
Microsoft Excel ☐ None ☐ OK ☐ Good ☐ Great

Microsoft Outlook ☐ None ☐ OK ☐ Good ☐ Great
Microsoft PowerPoint ☐ None ☐ OK ☐ Good ☐ Great
Microsoft Access ☐ None ☐ OK ☐ Good ☐ Great

Tell us about any other language(s) you understand/speak/read/write in addition to English:

Language: _____ ☐ Understand, ☐ Speak, ☐ Read, ☐ Write

Language: _____ ☐ Understand, ☐ Speak, ☐ Read, ☐ Write

Volunteer / Employment History – What other businesses/organizations have you volunteered or worked for?

Business/Organization: _____

Phone: _____

Address: _____

City/State/Zip: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact for a reference? ☐ Yes ☐ No

Business/Organization: _____

Phone: _____

Address: _____

City/State/Zip: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact for a reference? ☐ Yes ☐ No

Business/Organization: _____

Phone: _____

Address: _____

City/State/Zip: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact for a reference? ☐ Yes ☐ No



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Declining any of the below information needed may disqualify you from further consideration regarding volunteering.

Disclosure

As part of our background investigation process, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all supplied prior employers to verify your employment history. It may also include, but not be limited to, criminal history reports and driving history records. It is rare that Silver Key will obtain a credit report and the volunteer will be advised under which conditions this would be necessary. Under the provisions of the Fair Credit Reporting Act, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act, go to www.consumerfinance.gov/learnmore.

Background Check Release

Advisement

Older adults are a potentially vulnerable, high-risk group. Silver Key Senior Services asks that you provide authorization for a criminal record check prior to your potential volunteer placement. The criminal record check is conducted via a secure website. It is returned electronically to the Silver Key administrative staff and becomes a part of your volunteer record.

Acknowledgement

I have read the above statement and I understand Silver Key Senior Services requirement for a criminal record check prior to further consideration of my application for volunteer placement. I understand that I am being asked to voluntarily provide information. I further understand that failure to provide the information will disqualify me from further consideration concerning the volunteer position for which I might apply.

☐ I accept ☐ I decline

Drug and Alcohol Testing

Per the Department of Transportation (CDOT) regulations, drug and alcohol testing will be required for all volunteers that drive a Silver Key vehicle and/or transport any Silver Key client in their own vehicle. Volunteers who meet this criteria will be subject to testing once training is completed as well as periodic quarterly random drug testing. (Federal Transit Administration (FTA) regulation 49 CFR Part 655)

☐ I accept ☐ I decline

Driving Record Release

Driving records may be obtained as part of Silver Key Senior Service's evaluation of my volunteering. The reports may be procured to provide an assessment of my insurability under the Company's insurance coverages. By signing this disclosure, I hereby authorize Silver Key Senior Services to procure such reports and additional reports about me, as appropriate to evaluate my insurability or for other permissible purposes.

☐ I accept ☐ I decline

Photo Release

I hereby agree to allow Silver Key to take my photograph while volunteering for Silver Key; I grant ownership of any such photographs to Silver Key and specifically release any rights or claims to same. These photographs may be used for advertising, communication, social media postings and/or commercial purposes. If you decline, you are responsible for letting us know that you would not like your photo taken.

☐ I accept ☐ I decline



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Release of Liability

I agree not to hold Silver Key Senior Services liable in the case of injury or accident.

☐ I accept ☐ I decline

Confidentiality Statements – *Your commitment to Silver Key and its clients*

We have a policy of strict confidentiality. Names, specific conditions and/or other personal details are to be held in strict confidence. By all means, share the stories, the successes and the warmth – but please leave out the personal details. This includes detailed information about clients, other volunteers, donors and staff.

Agreement

I assert that the information provided above and on previous page(s) is accurate to the best of my knowledge and I agree with the terms stated herein.

I understand that declining any of the above information needed may disqualify me from further consideration concerning the volunteer position for which I am applying for.

Signature of Applicant

Typed or printed name of Applicant

Date

If you are submitting this application and release electronically, you will sign it later during your in-person interview.