

Senior Services & Community Transit Volunteer Application



200 Chesapeake Blvd.
Elkton, MD 21921

410-996-5295
410-620-9483 (fax)

Rising Sun Area (Toll Free): 410-658-5574

Personal Information:

(Please print)

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (daytime): _____ Email: _____

Emergency Contact (Name/phone): _____

How did you hear about Senior Services & Community Transit? _____

Why would you like to volunteer with Senior Services & Community Transit?

Volunteer Experience:

Have you volunteered before? Yes No

If yes, please list where: _____

Are you currently volunteering? Yes No

If yes, please list where: _____

Skills, Abilities & Interests:

- | | | |
|-----------------------------|-----------------------|-----------------|
| Accounting | Fitness/Nutrition | Marketing |
| Arts & Crafts | Fund-raising | Mentoring |
| Companion/Visiting Services | Gardening/Landscaping | Photography |
| Computers (word-processing) | Grantwriting | Recreation |
| Data Entry | Graphic Design | Tax Preparation |
| | Internet/Email | |

Please list additional skills, abilities or interests: _____

Examples of Current SSCT Volunteer Opportunities:

(Please check your area of interest)

- | | |
|-------------------------------|----------------------------------|
| Home Delivered Meals | Office Assistant (Elkton Center) |
| Medical Transportation | Arts/Crafts Instruction |
| Telephone Reassurance | Friendly Visitor |
| Senior Buddies Program | Living Well Lay Leader |
| Kitchen/Dining Room Assistant | Other: _____ |
- (Elkton Senior Center Members only)

Volunteer Availability:

Please indicate the hours and days of the week you are available to volunteer:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Comments: _____

Permission to Perform Background Check

I hereby allow Senior Services & Community Transit to perform a background check including the following:

- _____ Criminal record _____ National Sex Offender Registry
- _____ Personal references _____ Driving record

I understand that the information collected during this background check will be verified through Senior Services & Community Transit and kept confidential. Furthermore, I understand that due to the vulnerable population served by Senior Services & Community Transit, individuals with criminal histories will be prevented from receiving a volunteer assignment.

If you have lived less than two years at your present address, please provide a previous address:

SSN: _____ Date of Birth: _____

Please list names, addresses and phone numbers of two references (*other than family*):

1. _____

2. _____

For Transportation Volunteers only:

Driver's license #: _____ State: _____ Expires: _____

Auto insurance company: _____

Policy #: _____

Applicant's Signature: _____ Date: _____

*Completed applications may be returned to:
Senior Services & Community Transit, 200 Chesapeake Blvd., Suite 2500, Elkton, MD, 21921*

Senior Services & Community Transit Volunteer Agreement

I accept the offer to serve as a volunteer with Senior Services & Community Transit (SSCT) with the following understanding:

- I agree to abide by the policies of Senior Services & Community Transit.
- I will maintain a record of my hours in volunteer service in a manner agreed upon with the SSCT Volunteer Coordinator or other SSCT staff member.
- I will provide notice if I plan to interrupt or end my participation as a volunteer.
- As a volunteer I will take a vow of confidentiality.
- I understand SSCT reserves the right to perform a criminal background check on all volunteers. In addition, transportation volunteers must undergo a yearly motor vehicle record check and provide proof of automobile insurance.
- I understand that I will not be held liable for any claims, injuries, or damages of whatever nature incurred if operating a Senior Services & Community Transit vehicle while performing volunteer services. However, if any claims, injuries, or damages of whatever nature are due to my negligence, I may be held liable and I agree to hold Senior Services & Community Transit, Cecil County Government, its commissioners, agents, and employees harmless from any personal injury and or liability.

Signature

Date