



Dear Prospective Volunteer,

Thank you for inquiring about volunteer opportunities at ElderHelp!

Since 1973, ElderHelp has been providing social services to San Diego's growing population of seniors. Concerned individuals like yourself are the driving force that allows our seniors to remain independent in their homes. Please take a moment to review the enclosed materials and consider joining our dynamic volunteer team.

Because of the sensitive nature of these volunteer positions, all prospective volunteers must successfully complete a screening process. This process includes an orientation, application, personal interview, reference and background check. Please read the enclosed Frequently Asked Questions for information on how to get started.

Thank you again for your interest in serving seniors through ElderHelp. We hope that you will join us soon!

Sincerely,

Carrie McClellan
Outreach Manager
(858) 380-5245
cmcclellan@elderhelpofsandiego.org



VOLUNTEERING WITH ELDERHELP FAQ'S

Before you continue with your application, please take a moment to review our Frequently Asked Questions so that you will know what to expect during our application process.

What Types of Opportunities are Available?

Seniors A Go Go Team: Volunteer Drivers for our Seniors A Go Go program provide transportation for seniors to medical-related or other essential appointments. Drivers may be compensated with mileage reimbursement. Assignments may be one-time or ongoing. Requires a vehicle conducive to transporting seniors with trunk or backseat space for mobility equipment if needed. *Commitment of 3 months is requested.*

In Home Help Team: In Home Help volunteers provide a variety of tasks for seniors who may be homebound or have limited mobility. Tasks could range from grocery shopping, light housekeeping, companionship, bill minding, organizing, and assistance caring for pets. *Commitment is 1 year with 2-4 visits per month.*

Home & Garden Team: Home & Garden volunteers provide an array of services for seniors in and around their homes, including minor home repairs and safety equipment installation, yard clean up, gardening, and more. Materials are paid for by the member. Assignments may be one-time or ongoing. *Commitment is 1 year with approximately 3 projects per month.*

What Areas Do You Serve?

- We currently serve Central San Diego (including the beach areas) to East County. ElderHelp's volunteer opportunities are offered in Scripps Ranch and Rancho Bernardo in the North County.
- Volunteer placements are made in the geographic areas of your residence or workplace at your discretion.

What are the Requirements to Volunteer?

- Volunteers must be 18 years of age or older.
- Volunteers must provide their own transportation.
- Volunteers must provide at least 3 references; and undergo a criminal/DMV background check.
- Volunteers must attend a 2-hour Prospective Volunteer Orientation and 30 minute personal interview.
- At this time, we are unable to accept court-related referrals for community service hours.

What are the Steps to Becoming a Volunteer?

1. Sign up for a Prospective Volunteer Orientation by calling 858-380-5245 or by emailing volunteers@elderhelpofsandiego.org.

To view a full listing of our scheduled orientations and to learn about ElderHelp visit www.elderhelpofsandiego.org/events/events-calendar. Due to limited space, an RSVP is required to attend, location details will be given upon RSVP.

2. Fill out the application enclosed in this packet and return it to the ElderHelp office via fax, mail, electronically, or bring it with you to the orientation you attend. In order to expedite the process, be sure to provide three references and please notify all references that they will be contacted. Applications normally take 1-3 weeks to process, depending on how soon we are able to contact your references.
3. After completion of the orientation and upon receipt and review of your application, you will be invited to a 30-minute personal interview, held at the ElderHelp office.
4. Upon mutual agreement, you will be notified of your tentative acceptance into the program at the culmination of the personal interview. In some instances, you may be asked to provide further information in order for us to make a decision regarding your application. In this case, you will be notified of your status at a later date.
5. To finalize your application and become an official ElderHelp volunteer, you will be asked to submit to a criminal and DMV background investigation at your own expense. There is a \$5 fee payable to ElderHelp for the cost of the DMV check and a rolling fee (varies between \$15 - \$25) payable to the LiveScan provider location of your choice. This is also offered at the orientation to make the process easier for you.

How Long Does the Application Process Take?

- The process can take several weeks, depending on how quickly we can contact your references as well as your ability to attend the next scheduled orientation and interview.

What is the Commitment Level?

- Volunteers are expected to serve a minimum of 4 hours per month.
- Volunteers are expected to make a one-year minimum commitment to the program once they have begun their assignment.

*Member requests for service vary. At ElderHelp, we strive to place you in your preferred assignment as quickly as possible. Depending on your availability and assignment preferences, there may be a waiting period until we are able to find the most appropriate match for you. We appreciate your patience!



For Office Use Only:	
App. Received	_____
Orientation	_____
Interview	_____
BC Completed	_____
Entered	_____

ElderHelp Volunteer Application

Please type or print legibly and complete in full

Name of Applicant: _____ Date: _____

Address: _____ City / Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone Carrier: _____

Fax Number: _____

E-mail Address: _____ Date of Birth: ____/____/____

Are you able to commit to **one year** of service after accepting an assignment? Yes No

Are you applying to fulfill a volunteer requirement for school, community or work program? Yes No

If so, please describe: _____

In case of an emergency while volunteering, please list someone we may call on your behalf:

Name: _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____

How were you referred to us?

- | | | | | |
|---|--|-------------------------------------|---|--|
| <input type="checkbox"/> EH Member | <input type="checkbox"/> EH Volunteer | <input type="checkbox"/> Event | <input type="checkbox"/> Church | <input type="checkbox"/> Friend/Relative |
| <input type="checkbox"/> Media | <input type="checkbox"/> School | <input type="checkbox"/> EH Website | <input type="checkbox"/> Work | <input type="checkbox"/> Craig's List |
| <input type="checkbox"/> VolunteerMatch | <input type="checkbox"/> Flyer (please specify): _____ | | <input type="checkbox"/> Other (please specify) _____ | |

IV. BACKGROUND INFORMATION

All information is confidential and does not necessarily exclude you from volunteering. Providing false information is grounds for immediate termination.

- | | | | |
|--|------------------------------|-----------------------------|------------|
| 1. Have you ever been fingerprinted before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | For: _____ |
| 2. Would you consent to fingerprinting and a background check? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Have you had a DUI in the last 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Have you had a moving violation in the last 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Have you been convicted of a misdemeanor or felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Have you ever been treated for substance abuse or mental illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

If yes to any of the above, please describe: _____

I. EDUCATIONAL BACKGROUND

High School: _____

Name & Location	Dates Attended	Degree
_____	_____	_____

 College: _____

Name & Location	Dates Attended	Degree
_____	_____	_____

 Grad/Professional School: _____

Name & Location	Dates Attended	Degree
_____	_____	_____

II. CURRENT EMPLOYMENT OR VOLUNTEER POSITION

Please list all current employers, dates of employment, position(s) held, description of work performed, name(s) of supervisors, firm's complete address, and applicable telephone numbers.

Employer or Volunteer Organization: _____ Retired

Address: _____ City/State/Zip: _____

Telephone: _____ Name/Title of Supervisor: _____

Job Title: _____ Dates of Employment: From _____ To _____

Position Description - *Please summarize responsibilities:* _____

V. AVAILABILITY & SKILLS

Please indicate your preferred days and hours of availability: WEEKLY BI-WEEKLY

Days: MON _____ TUE _____ WED _____ THU _____ FRI _____ SAT _____ SUN _____

Do you speak a language other than English? Yes No

Language: _____ Spoken Fluency: Excellent Fair Poor

Language: _____ Spoken Fluency: Excellent Fair Poor

Please explain your reason for wanting to volunteer with ElderHelp and what you are hoping to gain from this experience: _____

Please describe any additional training or special skills you may have acquired through employment, volunteer service, or life experience: _____

Community Partnerships: ElderHelp is committed to the development of corporate and community volunteer partnerships to promote volunteerism and agency support for the seniors we serve. Would you like more information on how your company or organization can be involved with ElderHelp as a Community Partner?
 Yes No

VI. VOLUNTEER ASSIGNMENT PREFERENCES

Please check as many as apply. Most positions require a one-year commitment; unless otherwise noted. All positions are filled based on member request, therefore there may be a wait time before you receive your first assignment.

VOLUNTEER DRIVERS: Seniors A Go Go volunteer drivers provide transportation for seniors to medical-related or other essential appointments. Drivers may be compensated with mileage reimbursement or can deduct their mileage from their taxes. Assignments may be one-time or ongoing. Requires a vehicle conducive to transporting seniors with trunk or backseat space for mobility equipment if needed. Commitment is a minimum of 3 months.

HOME & GARDEN: Volunteers provide an array of services for seniors in and around their homes, including minor home repairs and installation, yard clean up, gardening, packing, and more. Materials are paid for by the member. Assignments may be one-time or ongoing.

IN-HOME VISITORS:

Friendly Visiting: Provide companionship and conversation to seniors. Play games, watch TV/movies, have a cup of coffee or reminisce about old times. Commitment is 2-4 visits a month, depending on member need.

Financial Advocacy: Provide seniors assistance with their mail, correspondence, bill paying, account balancing or other budgeting needs. A background in financial, business, or household budgeting background is helpful, but not required. Commitment is 1-4 visits per month, depending on member need.

Grocery Shopping: Assist members in gathering essential food and toiletry items when they are unable to do so themselves. Members may or may not wish to accompany volunteer to store. Commitment 2-4 shopping trips a month, depending on member need.

Tidy Keeping: Assist seniors by tidying up common areas of the home, while providing socialization. Tasks may include sweeping, mopping, vacuuming, cleaning countertops, window washing, storing and organizing items. Assignments may be one-time or ongoing. Commitment is 2-4 visits a month depending on member need.

ADMINISTRATION VOLUNTEERS:

Office Volunteers: Assist with a variety of administrative tasks, including the preparation of materials for health fairs or events, developing application packets and training materials, and data entry. Requires weekday availability between 8-4 and intermediate computer skills. Commitment is 6 months with a minimum of 1 shift per week, or on-call status.

Development Volunteers: Assist with data entry, event preparation, phone-a-thons, thank-a-thons, and other activities as needed. Requires weekday availability between 8-4 and intermediate computer skills, with good phone skills. Commitment is 6 months with a minimum of 1 shift on a bi-weekly or on-call basis.

Event Volunteers: Assist at ElderHelp fundraising events in a variety of capacities on an occasional basis

Special Request Volunteers Assist our seniors or staff in a variety of capacities not covered above on an occasional basis.

III. REFERENCES

We require and check references for the safety and well being of our members, paid staff and volunteers. List 3 non-related references that you have known for 2 or more years, with at least one professional reference. (Please notify all references that they will be contacted in order to expedite the process.)

1. Name: _____ Phone: _____
 E-mail: _____ Personal Professional
2. Name: _____ Phone: _____
 E-mail: _____ Personal Professional
3. Name: _____ Phone: _____
 E-mail: _____ Personal Professional

VII: STATISTICAL INFORMATION

The following information will be used for statistical reporting purposes only. All information provided by you will be kept confidential. Please check one of the following in each category.

Gender

- Male Female Decline to state
 MTF FTM

Primary Language

- English Spanish
 Chinese Portuguese
 Japanese Vietnamese
 Arabic Tagalog
 Other _____

Marital Status

- Single Married
 Widowed Divorced
 Separated Decline to state

Disability

- None Physical
 Developmental Mental
 Decline to state

Military Personnel?

- No
 Yes
 If yes, indicate branch: _____

Ethnic Origin

- American Indian or Alaskan Native Asian
 Black or African American Hispanic/Latino
 Native Hawaiian or other Pacific Islander Two or More Races
 White Decline to State

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily.

The decision to accept an applicant into the program will be based upon a final assessment done by the program staff at the completion of the volunteer procedure. The program staff has final approval for an applicant's acceptance into the program. No reason will be provided to volunteer applicants rejected from participation in the program.

Signature: _____ Date: _____

Return completed application to:

Website: www.elderhelpofsandiego.org

E-mail: volunteers@elderhelpofsandiego.org

Fax: (619) 284-0214

Mail: 3860 Calle Fortunada Ste 101
 San Diego, CA 92123

ELDERHELP OF SAN DIEGO POLICIES AND STANDARDS

To be completed along with the ElderHelp of San Diego volunteer application

Will be reviewed during the volunteer interview

Initial Here

Volunteer Agreement

_____, I, _____, agree that I am a volunteer of ElderHelp of San Diego and am
(Printed Name)

not an employee thereof. As such, I am fully aware and apprised of the fact that I will not be compensated in any way or in any fashion, relative to my participation in ElderHelp of San Diego.

I understand that I do not qualify for worker's compensation benefits.

I will provide my own transportation to and from my volunteer commitments.

As an ElderHelp of San Diego volunteer, I agree to the following:

- To accept the guidance and decisions of the staff supervisor and to perform my volunteer duties to the best of my ability.
- To adhere to all agency rules, policies and procedures, including record and time keeping requirements.
- To uphold agency, client and volunteer confidentiality at all times.
- To meet time and duty commitments, or to provide adequate notice so that alternate arrangements for coverage can be made.
- To notify the agency in writing or by email, with appropriate notice for processing, of extended leave or of discontinuation of volunteer service.

There will be no political soliciting, religious proselytizing or instruction while volunteering.

Confidentiality Agreement

In order to effectively serve its clients, all volunteers and employees of ElderHelp must maintain strict confidentiality with respect to all information about clients, including names, addresses, phone numbers or any other personal information. Please do not discuss any information about a client, except with appropriate personnel within the agency that may disclose their identity.

Breach of confidentiality is a violation of civil law and ethical conduct and cause for the discontinuation of volunteer service. If in the course of your work you have a suspicion of any form of abuse or neglect, please use the following guidelines:

- In a clear emergency - Call 911, then notify the assigned ElderHelp Care Coordinator, Supervisor or "available" social worker in their absence.
- Non-emergency - Call the ElderHelp Care Coordinator or any available Care Coordinator or supervisor. A verbal and written report will be made. If there is no imminent danger, a verbal message should be left for the Care Coordinator for review and action.

Volunteer Release of Liability

I hereby agree to abide by the rules and regulations governing activities with ElderHelp of San Diego Volunteer Services Department. I elect to participate as a volunteer for ElderHelp of San Diego at my own risk, and in consideration for being allowed to participate do hereby release and discharge ElderHelp of San Diego, its assignees, officers, agents, employees, and officials and their successors from any and all liability that may be received by me (or by minor child) and from all claims and demands to personal property growing out of or resulting from my participation, except where the same is caused by the willful misconduct of the foregoing. By signing below, I hereby agree to the Release of Liability as stated above.

CONTINUED

ELDERHELP OF SAN DIEGO POLICIES AND STANDARDS - Continued

Initial Here

_____ **Non-Criminal Background & Conflict of Interest Declaration**

To be signed by all volunteer applicants of ElderHelp of San Diego prior to their personal interview.

Due to the confidentiality required, the possible financial or health related services and the vulnerable population served, we require that you read and sign the following:

Applicants are responsible for truthfulness in all statements made on the volunteer application. False statements are grounds for rejection or immediate termination of volunteer service.

Please read all statements fully before signing.

I declare and state as follows:

- a. I am an applicant to the Volunteer Services Program at ElderHelp of San Diego. I have never been convicted of any felony or misdemeanor involving bodily injury, domestic violence, assault, sexual offense, possession or distribution of an illegal substance, or theft of personal property.
- b. I also understand that my own personal or professional business will not benefit financially or in any other way, from the volunteer service that I will perform for clients I serve through ElderHelp of San Diego.

I declare under penalty of perjury that the preceding statement is true and correct.

_____ **Non-Discrimination Policy**

ElderHelp of San Diego prohibits unlawful discrimination based on sex (which includes pregnancy, childbirth, or related medical conditions, the actual sex of the individual or the identity, appearance, or behavior of an individual, whether or not that identity, appearance or behavior is different from that traditionally associated with the individual's sex at birth), race, color, religion, sexual orientation, national origin, ancestry, citizenship, pregnancy, marital status, age, physical disability, mental disability, medical condition, genetic information, or any other consideration made unlawful by federal, state or local laws, ordinances, or regulations. All such discrimination is unlawful.

ElderHelp of San Diego is committed to complying with all applicable laws providing equal volunteer opportunities. This commitment applies to all persons involved in the operations of ElderHelp and prohibits unlawful discrimination by any volunteer of ElderHelp. By signing below, I hereby agree to abide by ElderHelp's non-discrimination policy.

EH Rep.

_____ **Agency Agreement**

We, ElderHelp of San Diego, agree to accept the volunteer services of the undersigned. We understand that this agreement can be canceled at any time at the discretion of either party. We further agree:

- To provide adequate information, training and assistance for the volunteer to be able to meet the responsibilities of their position.
- To ensure diligent supervisory aid to the volunteer and to provide constructive feedback on performance.
- To respect the volunteer's skills, dignity and individual needs.
- To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
- To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

By signing below, I verify that I have read and understand the forgoing standards and policies. I agree that if I refuse or fail to adhere to the foregoing standards and policies I will no longer be authorized to volunteer/intern on behalf of ElderHelp of San Diego.

Printed Name of Volunteer: _____

Signature: _____ Date: _____

ElderHelp Representative Witness: _____ Date: _____