



Dear Prospective Volunteer,

Thank you for inquiring about volunteer opportunities at ElderHelp!

Since 1973, ElderHelp has been supporting San Diego's growing population of seniors. Volunteers play a vital role in helping seniors to continue living independently in their own homes and communities. Please take a moment to review the enclosed materials and consider joining our volunteer team.

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

Thank you again for your interest in supporting seniors through ElderHelp!

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 the application process.

What Types of Opportunities are Available?

Seniors A Go Go Team: Volunteer Drivers provide transportation for seniors to medical-related or other essential appointments. Volunteers are able to select rides based on availability and geographic area. Seniors may utilize a cane or walker and therefore backseat or trunk space may be required. Drivers may be compensated with mileage reimbursement. *No minimum time commitment.*

In Home Help Team: In Home Help volunteers provide a variety of tasks for seniors who may be homebound or have limited mobility. Tasks may include grocery shopping, companionship, organizing mail and paperwork, gardening, and assistance caring for pets. *Commitment is 1 year with a minimum of 2 visits per month.*

Home Safety & Maintenance Team: Volunteers provide an array of services for seniors in and around their homes, including minor home repairs, safety equipment installation, and more. Materials are paid for by the senior. Assignments may be one-time or ongoing.

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, Poway and Rancho Bernardo in 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. An RSVP is required to attend an orientation.

To view a complete list of our scheduled orientations and to learn about ElderHelp, visit www.elderhelpofsandiego.org

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.
3. You will be invited to a 30-minute personal interview, held at the ElderHelp office, the same day or upon completion of the orientation.
4. A background check is required through DOJ & FBI. A LiveScan representative will be available at the orientation to complete this process onsite. The fee for DOJ is \$20 and can be paid in the form of cash or check (made payable to "Affordable Live Scan"). The fee for the FBI component is covered by ElderHelp and is completed at the same time as the DOJ portion.
5. A driving record check is required through the DMV. The fee is \$5 (cash or check-made payable to ElderHelp) which would be collected at the orientation. In addition, a copy of your driver's license and auto insurance would be collected.

How Long Does the Application Process Take?

- The process can take 2-3 weeks, depending on how quickly we can complete your reference and background checks.

What is the Commitment Level?

- The required commitment is dependent on the specific volunteer opportunity.
- For a one-on-one match, volunteers are expected to provide a minimum of 4 hours per month with a one-year minimum commitment.
- There is no minimum requirement for volunteer drivers or the home safety and maintenance team.

Please note: 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: _____

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 Client | <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"/> VolunteerMatch |
| <input type="checkbox"/> Flyer (please specify): _____ | | <input type="checkbox"/> Other (please specify) _____ | | |

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: _____

EDUCATIONAL BACKGROUND

High School: _____

Name & Location	Dates Attended	Degree
_____	_____	_____

College: _____

Name & Location	Dates Attended	Degree
_____	_____	_____

Grad/Professional School: _____

Name & Location	Dates Attended	Degree
_____	_____	_____

CURRENT EMPLOYMENT OR VOLUNTEER POSITION

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:* _____

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

VOLUNTEER ASSIGNMENT PREFERENCES

Please check as many as apply.

VOLUNTEER DRIVERS: *No minimum time commitment.*

Seniors A Go Go volunteer drivers provide transportation for seniors to medical-related or other essential appointments. Volunteers are able to select rides based on preferred geographic area and availability. This opportunity requires a vehicle conducive to transporting seniors and trunk or backseat space to accommodate mobility equipment, if needed. Drivers may be compensated with mileage reimbursement or can deduct their mileage from their taxes.

HOME SAFETY & MAINTENANCE: *No minimum time commitment.*

Volunteers provide an array of services for seniors in and around their homes, including minor home repairs, installation of safety equipment, and more. Materials are paid for by the senior. Projects may be one-time or ongoing.

IN-HOME VISITORS: *Commitment is a minimum of 2 visits per month.*

Friendly Visiting: Provide companionship, go on fun outings, play games, watch TV/movies, have a cup of coffee, reminisce about old times, and more.

Grocery Shopping: Assist seniors in gathering essential food and toiletry items. Seniors are encouraged to accompany volunteer to the store, if they are able.

Financial Advocacy: Provide help with sorting/reading mail & bills, balancing checkbooks, setting up online bill pay, organizing paperwork, etc. A background in financial, business, or household budgeting is helpful, but not required.

Gardening: Assist with ongoing yard maintenance (mowing, weeding, trimming, watering, planting, etc.).

Pet Pals: Help with walking, minor grooming, or transporting to the veterinarian.

ADMINISTRATIVE VOLUNTEERS: *Commitment is a minimum of 6 months.*

Office Volunteers: Assist with a variety of administrative tasks, which may include: calling seniors, helping with mailings, scanning, filing, data entry, assisting the front desk, and more. Requires weekday availability between 8am-4pm, and intermediate computer skills.

Development Volunteers: Assist with data entry, event preparation, thank you letters, mailings, and other activities as needed. Requires weekday availability between 8am-4pm. Intermediate computer skills preferred.

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

VOLUNTEER MANUAL:

We will provide you with an electronic copy of ElderHelp's Volunteer Manual, providing additional information about the specific volunteer positions as well as policies and procedures. This can be used as a reference guide throughout your experience.

- If you would like to receive a hard copy of this manual, please check here:

REFERENCES

For the safety and well-being of our clients, we require references. Please 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

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. If I am using my own vehicle, I will maintain adequate personal auto insurance coverage.

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

- To accept the guidance and decisions of ElderHelp's staff and to perform my volunteer duties to the best of my ability.
- To read the Volunteer Manual and adhere to all agency rules, policies, and procedures. It is my responsibility to get clarification on any policies that I do not fully understand.
- 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.

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: _____