



VOLUNTEER APPLICATION

803 Buck Creek Drive ~ P.O. Box 1416 ~ Bandera, TX 78003-1416
 (830) 796-4969; fax (830) 796-8970

Thank you for your interest in volunteering for the Silver Sage Senior Center. We'd love to know more about you. There are numerous ways in which our volunteers contribute. Please complete the information requested to the best of your ability.

Name, Last: _____ First: _____ Middle: _____
 Address: _____ Last 4 SSN _____
 City: _____ State: _____ Zip Code: _____
 DOB: _____ 1st Phone: _____ 2nd Phone: _____
 Email: _____

If this is not your permanent address or you have lived at this address less than 3 years, please indicate your previous or permanent address:

Address: _____
 City: _____ State: _____ Zip: _____
 Driver's License Number: _____ State: _____

Car Insurance: _____ Number of tickets in last 3 years: _____

Number of accidents in last 3 years: _____ Have you ever been convicted of DWI/DUI? _____

Have you ever been convicted of a Misdemeanor **or** a felony? _____

Please provide us with 2 local references:

Reference #1	Reference #2
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____

Emergency Contact

Contact Name: _____

Phone Number: _____

Relationship: _____

I am primarily interested in the following areas:

_____ Preparing meals for Meals on Wheels _____ Meals on Wheels Driver or Assistant

_____ Helping at the Front Desk _____ Office Work

_____ Assisting at the Thrift Store _____ Leading Classes and Activities

_____ Other (please describe): _____

Indicate the hours for each day of the week you are available. The Silver Sage is open 8 a.m. – 3 p.m., Monday-Friday; the Thrift Store is open 10:00 a.m. – 3:00 p.m. Monday-Saturday.

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

Until what date are you available to help us (if limited)? _____

Eligibility

- Must be 21 years of age or older to be certified as program volunteer
- No prior felony convictions
- Must be willing to allow a background check
- Car insurance is required

BACKGROUND INQUIRY RELEASE

In connection with my volunteer application with the Bandera County Committee on Aging, Inc., dba the Silver Sage Corral Senior Activity Center, I understand that as directed by Silver Sage Corral policy and consistent with volunteer responsibilities, you will be requesting information from public and private sources about my driving record, court record, and references.

I understand that the provided information above is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Signature

Date



CONFLICT OF INTEREST AGREEMENT STATEMENT

It is in the best interest of the Silver Sage to be aware of and properly manage all conflicts of interest and appearances of a conflict of interest. This conflict of interest policy is designed to help volunteers of the Silver Sage identify situations that present potential conflicts of interest and to provide the Silver Sage with a procedure to appropriately manage conflicts in accordance with legal requirements and the goals of accountability and transparency in the Silver Sage's operations.

Outside Interest:

To safeguard the activities and assets of the Silver Sage, volunteers of the Silver Sage should not have interests in outside relationships which conflict or appear to conflict with their ability to act in the best interest of the Silver Sage.

A volunteer is considered to have an interest in a Silver Sage Client if:

Gifts, Gratuities and Entertainment. Accepting gifts, entertainment or other favors from individuals or entities can also result in a conflict or duality of interest when the party providing the gift/entertainment/favor does so under circumstances where it might be inferred that such action was associated or related to the Silver Sage operations.

At the time of volunteering, and periodically thereafter as requested, all volunteers will be required to complete an agreement concerning ethical standards of conduct & conflict of interest. Periodic checks will be conducted by the Silver Sage to determine changes that have occurred; however, all volunteers are expected to exercise good judgment and discretion in evaluating an activity so as to avoid any actual, or apparent, conflict of interest. If there is a doubt, the volunteer should discuss it with the Director of Client and Volunteer Service at the Silver Sage.

Ethical Standards:

The Silver Sage expects its volunteers to observe the highest standards of volunteer ethics. No volunteer should take any action on behalf of the Silver Sage that they know, or reasonably should know, violates any applicable law or regulation. This obviously includes such activities as bribery, kickbacks, falsehoods, and misrepresentation.

The Silver Sage prohibits all volunteers from accepting gifts, gratuities, or entertainment from individuals and firms with whom the silver sage does business. It is also a violation to give gifts to individuals or firms with whom the Silver Sage does business. Excluded from this prohibition is the exchange of normal business courtesies such as luncheons or dinners, when they are proper and consistent with regular business practice. Also excluded are holiday or other gifts, which are of nominal value (less than \$25.00).

Failure to comply with the provisions may result in corrective action, up to and including termination of volunteering.

Do you have any relationships that might reasonably be regarded as creating a possible conflict of interest?

If YES, please describe:

I certify that I have read, understand and will comply with the Conflict of Interest Statement.

Signature _____ Date _____



Volunteer Confidentiality Agreement

I understand that ALL information regarding cases, recipients and staff is strictly confidential. Any questions should be directed to Silver Sage Meals on Wheels staff.

I also understand that confidential information is only given to me if it pertains to my volunteer duties and that no copies or originals of any confidential information must ever be removed from Silver Sage Meals on Wheels offices. I further understand that, if I do not respect or maintain the confidentiality of all information given me through my volunteer duties, I am personally liable for its release and will be required to give up my volunteer position.

Volunteer Signature _____ Date _____

Volunteer Coordinator _____ Date _____



Meals on Wheels Driver Responsibilities

I have read and understand the responsibilities of any change in a Client's physical or mental condition or environment fire/safety hazards as a driver for Meals on Wheels program in Bandera County.

Signature

Printed Name

Date

Thank you for your service to Meals on Wheels.



Silver Sage Seat Belt Use Policy

On-the-job motor vehicle crashes are the leading cause of death for American workers today.

These crashes are also responsible for tens of thousands of life-ruining, crippling permanent injuries every year. For instance, the leading cause of adult-onset epilepsy is head injury sustained in motor vehicle crashes. For many drivers and passengers each day, the difference between a “walk-away” accident and a catastrophic injury, or death, is whether or not a seat belt is worn.

It is the policy of the Silver Sage, and a condition of volunteering, that all volunteers who operate or ride in Silver Sage vehicles; or operate or ride in personal vehicles on Silver Sage business, wear properly fastened and adjusted seat belts, shoulder harnesses, and other such similar equipment when provided in the vehicle they are operating or riding in. Volunteers are required to report any malfunction of seat/shoulder belts, so this equipment can be repaired or replaced as soon as possible after its discovery.

Any volunteer found operating or riding in a Silver Sage vehicle, or personal vehicle on Silver Sage business without seatbelts/shoulder harnesses fastened will be subject to consequence, up to and including termination. “Operating” and “riding in” are to be defined as occupying a moving vehicle.

I hereby certify that I have read and understand the above policy.

Signature _____ Printed Name _____ Date _____

Thank you for your service to Meals on Wheels.



Bandera County Committee on Aging Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (“Release”) executed on

_____ (Date) by _____

(“Volunteer”) releases Bandera County Committee on Aging (“Nonprofit”), a nonprofit corporation organized and existing under the laws of the State of Texas and each of its directors, officers, employees and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to Nonprofit.

1. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. **Insurance:** Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. **Assumption of Risk:** I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to, risk of exposure to COVID-19. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. **Photographic Release:** I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. **Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Printed Name

Date