



# Application for Volunteers

Surrey Services for Seniors  
60 Surrey Way, Devon, PA 19333  
610.647.6404

### Personal Data:

Name (first, middle, last – Please print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Social Security Number (for background check): \_\_\_\_\_

Birth date (for background check): \_\_\_\_\_

Are you currently a member of Surrey? \_\_\_\_\_

How did you learn about our volunteer opportunities? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes No

### Authorization

I, \_\_\_\_\_ hereby grant permission for a duly authorized representative of Surrey Services for Seniors to conduct information checks for my background.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY CONTACT

Thank you for your Volunteer Application. Surrey will use the information provided below for the express purpose of seeking medical care on your behalf in case of a medical emergency while you are volunteering at Surrey. This information will be held in strictest confidence.

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (cell): \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

### EMPLOYER INFORMATION

Employer: \_\_\_\_\_

Does your employer offer matching funds for donations? Y \_\_\_\_\_ N \_\_\_\_\_

Does your employer offer time off for volunteering? Y \_\_\_\_\_ N \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT AND RELEASE CLAUSES**

As a Volunteer of Surrey Services, I agree that all individuals associated with Surrey have the right to privacy and confidentiality. To that end, I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning members, volunteers, staff, donors, agents and designees of Surrey Services, and not seek to obtain confidential information from any of the aforementioned individuals. Further, I understand that failure to maintain this Confidentiality Policy will result in termination of my volunteer relationship with Surrey.

By my signature affixed below, I indicate that I have read, understand and agree to comply with the above statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Indemnification Clause.**

I hereby exonerate and hold harmless Surrey Services, its officers, directors, employees, volunteers, agents and designees from any and all injuries (including death) that may occur as a result of, or during my participation in volunteer activities for Surrey Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release Clause**

I grant Surrey Services permission to publish photographs of me taken during my participation in volunteer activities. I understand that these images may be published in any manner, including advertising, periodicals, greeting cards, calendars and on the Surrey website. Said photos will be used expressly for the objective of educating the public about Surrey and volunteerism.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Driver Escort (For those driving for Surrey ONLY.)**

I understand that as a driver for Surrey or any other Surrey Center service, my personal auto insurance is primary in the event of a claim and that any applicable deductible is my responsibility. Surrey Services carries additional liability limits which are secondary to my personal auto insurance policy. This coverage serves as excess should a claim exhaust the limits of my personal insurance.

I agree to provide proof of a valid driver's license and current automobile insurance to Surrey Services. Further, I understand that if I allow my automobile insurance to lapse, I may not be entitled to secondary automobile insurance coverage by Surrey's insurance carrier.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER AGREEMENT**

As a volunteer of Surrey Services for Seniors, you are an important member of our staff and act as a representative and ambassador of our organization to the community at large. For a better understanding of what you can expect from Surrey as a volunteer and what is expected of you, we ask that you read and sign this Volunteer Agreement.

**As Surrey Services commitment to you, we agree**

- To provide you with beneficial and life-enriching experiences.
- To provide you with a safe environment in which to volunteer.
- To provide you with comprehensive orientation and general training sessions, plus any specialized training for specific jobs.
- To provide you with full access to your direct supervisor and the Volunteer Manager.
- To provide assurance that any recommendations, comments and concerns by you will be given full attention and will receive timely feedback.
- To provide you with opportunities for professional development and social interaction with other volunteers, members and staff.
- To provide a specific job description detailing duties and responsibilities, a Volunteer Handbook and any other necessary materials and supplies so that you may successfully fulfill the duties of your position.

**As my commitment to Surrey Services, I agree**

- To conduct myself in an ethical and respectful manner at all times.
- To abide by the policies, rules and regulations of Surrey Services for Seniors as set out in the Volunteer Handbook and other organizational documents.
- To attend scheduled orientation and training sessions.
- To work the agreed-upon schedule for the position I fill.
- To record my hours on a time sheet by the 5<sup>th</sup> of every month for the prior month's work.
- To notify my direct supervisor and/or the Volunteer Manager if you will be absent.

By my signature affixed hereto, I declare that I have read, understand and agree with all parts of this Volunteer Agreement and will strive to fulfill all parts therein. Further, no promises of any kind have been made to me by any representative of Surrey Services for Seniors in exchange for my agreement hereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_