



Siouland Aging Services

VOLUNTEER ENROLLMENT FORM

Please Print:

Name: _____ Phone: _____

Address: _____

Please Check One:

Age Range: _____ 16 to 30 _____ 31 to 59 _____ 60 and up

- Do you have any Medical/Physical Limitations that would make it difficult for you to do this job? _____ Yes _____ No
- Have you ever been convicted of a felony? _____ Yes _____ No

Insurance Statement *(if applicable):*

I understand that if I must use my personal automobile in my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum required by the State of Iowa and I will keep my driver's license current. Driver's License #: _____ Expiration Date: _____

(Copy of current driver's license and proof of insurance required.)

Volunteer Program: _____

Days Available for Volunteer Work:

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Times: _____

Comments: _____

Times not available: _____

I would like to participate: _____ Weekly _____ Monthly
 Occasionally on request _____ Other _____

Please read and complete both sides of this form.

Becoming a volunteer is a very important and rewarding decision that will benefit many people. When carrying your volunteer duties, please use your own discretion when determining the safety of a situation, as Siouxland Aging cannot accept the liability for a decision that would endanger you. Siouxland Aging does not expect you to put yourself in "harm's way".

Consider the following in making your decision:

- A) Please take care to park legally when picking up or delivering meals. Payment of any parking or moving violations will be the volunteer's responsibility. Please remember that Siouxland Aging is a non-profit agency with limited funding.
- B) In case of an automobile accident the volunteer's insurance would apply first. The same would be true in the event of an injury, your medical insurance coverage would go into effect, with the Siouxland Aging "Umbrella" insurance acting as supplemental insurance when applicable.
- C) Please be sure to pay close attention to weather conditions. If the road/street looks unsafe, do not attempt to carry out volunteer services. The same caution should be used for driveways, sidewalks, and steps that do not appear to be in good repair.
- D) If a client's home or the situation therein, appears to be unsafe for any reason, do not attempt to carry out your volunteer duties. Report the situation to the volunteer program coordinator or someone at Siouxland Aging Services. *Remember that Confidentiality is always very important whenever dealing with consumers.*
- E) If you are unable to deliver a meal, for any reason, please dispose of it. The meal should not be returned to either the hospital or the MOW's office.

If you have any questions, please don't hesitate to ask.

Volunteer Signature: _____ Date: _____

***THANK YOU FOR VOLUNTEERING YOUR TIME TO
SIOUXLAND SENIORS!***