

VOLUNTEER APPLICATION FORM

PLEASE RETURN COMPLETED FORM TO

Catarina Lai, Fund Development Department

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Mail to: 731 Sansome Street, Suite 100, San Francisco, CA 94111



**Self-Help for
the Elderly**

安老自助處

CONTACT INFORMATION

Suffix	<i>(Choose One)</i> Mr. Mrs. Ms.		
Name	<i>(First)</i>		<i>(Last)</i>
Address			
City		State	Zip
Mobile Number			
Email			
Languages Spoken:			

EDUCATION / WORK / VOLUNTEER EXPERIENCE

Employer / School	
Job Title / Area of Study	
Organization you have volunteered before	1. _____ 2. _____ 3. _____
Your Skills	1. _____ 2. _____ 3. _____

AVAILABILITY & VOLUNTEER ASSIGNMENT PREFERENCE

Please check all that are applicable

I am available:	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends
	<input type="checkbox"/> Mornings (Mon – Fri)	<input type="checkbox"/> Afternoons (Mon – Fri) <input type="checkbox"/> Evenings (Mon – Fri)
	<input type="checkbox"/> one time only	<input type="checkbox"/> as needed <input type="checkbox"/> Others _____

Thank you for your interest in volunteering at Self-Help for the Elderly!

I would like to volunteer in the below area:

- Clerical Support: mailing, filing & etc. Food Service
 Program Support: host/play games & activities Chaperone Service for seniors
 Fund Development / Special Events: meals delivery

Service Location: San Francisco San Mateo Millbrae San Jose

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	(First)	(Last)
Address		
City	State	Zip
Mobile Number		
Relationship		

OTHERS

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, what charge? _____

Date convicted: _____ Where: _____

Do you have any physical condition that may limit your activities? Yes No

If yes, please describe: _____

I learn about Self-Help for the Elderly from:

- Website Media (radio, TV, newspaper) Presentation / Brochures
 Employer School Friends or family
 Internet / Social Media Agency referral: _____ Others: _____

What do you hope to achieve from volunteering?

- Fulfill community service requirements Help others / the community
 Stay active Meet new friends
 Develop new skills Business contacts
 Learn about seniors and their needs Others: _____

Applicant's Statement

Thank you for your interest in volunteering at Self-Help for the Elderly!

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied.

Further, I understand that, if selected for a volunteer position, my volunteer assignment will be at will, which means that this relationship is strictly voluntary and my relationship with Self-Help for the Elderly (SHE) may be ended by myself or SHE with or without cause or notice, at any time. I also understand and agree that I am not being offered employment with SHE; any form of compensation; or the promise of nay future employment with SHE as a result of completing this volunteer application form or serving as volunteer with SHE.

Volunteer Signature

Parent or Guardian Signature
(if under 18 years old)

Date

Thank you for your interest in volunteering at Self-Help for the Elderly!



Volunteer Waiver & Release of Liability Form

I am willing and have agreed to donate my time and services to the Community Based Organization, Self-Help for the Elderly. By signing below, I agree to the following terms and conditions.

I agree provide some or all of the following Services ("Services") upon direction from the Volunteer Coordinator at the Project Site, in addition to any other related services that the Project may reasonably request or require: Driving or transport to patient's homes, vaccination of patient if qualified, and Observation of the patient.

Volunteer information (please print)

Name:

Address:

City

State

Zip

Daytime
Number:

I, _____ (print name), waive, release and discharge the Community Based Organizations from any claims, demands, costs, causes of action, or damage as a result of property loss or damage, or personal injuries sustained to myself, from locations of the field activity named above, which ANY activity that results from participation in the above assignment. This includes the risk of COVID infection or transmission. Furthermore, I intend this waiver and release to be legally binding on my heirs, executors, administrators, estate and assigns.

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

Signature

Date
