



EASTERN AREA AGENCY ON AGING
450 Essex Street
Bangor, ME 04401
EAAA.org
1-800-432-7812

Volunteer Application

Name: _____ Under 18? Y N

Mailing Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Phone Numbers : Work _____ Home _____ Cell _____

Have you ever been convicted of a criminal offense? Y N Please explain: _____

Have you been convicted of a crime that is a misdemeanor or felony in the past 10 years? Y N _____

Please explain: _____

References (Please do not list relatives):

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

EAAA Employees You Know: _____

Confidentiality Statement

I, _____ (volunteer/student name) understand that in the performance of my duties on behalf of Eastern Area Agency on Aging, I will have access to sensitive information about the client I am serving, and that such information may include medical, insurance, financial, and other sensitive and confidential personal information. I agree to restrict my use of such information to the performance of my duties as a volunteer of Eastern Area Agency on Aging. I agree I will not discuss cases or mention client(s) names, or otherwise reveal or disclose information pertaining to any client, except within department rules and regulations. Information will only be released to or shared with Agency on Aging staff, and/or those persons/agencies/businesses that the client (or his/her legal representative) has expressly given permission to do so – and then only for the purpose of assisting the client. I also agree that I will provide my full name, position with the agency and the purpose of obtaining the information on behalf of my client.

I hereby acknowledge my obligation to respect the client's privacy and the confidentiality of the information pertaining to the client, and to exercise good faith and integrity in all dealings with the client and his or her personal information in the performance of my duties as an employee of Eastern Area Agency on Aging. I also understand that any unauthorized use or disclosure of information about or pertaining to a client may result in disciplinary action by Eastern Area Agency on Aging, and may subject me to civil liability for breaching the client's right to privacy.

I also understand that any willful and knowing false representation, for the purpose of obtaining information from those agencies and businesses whose records are subject to the Privacy Act, may be criminally prosecuted.

Public Media Release Statement

I, _____ agree to allow Eastern Area Agency on Aging to use my
Please print

name or likeness (photo) or audio for any purposes they see fit in their Public Relations/Marketing materials, including **but not limited to** posting on EAAA’s web site, newspapers and television advertisements. EAAA retains sole copyright to said likeness and may use it in any form now and in the future. I understand I will receive no monetary gain from this use.

I also understand the following:

- The volunteer relationship between me and Eastern Area Agency on Aging can be terminated at any time and for any reason.
- There is no verbal agreement regarding the terms, conditions, or length of my volunteering.
- The policies set forth in the Volunteer Handbook do not constitute a contract.
- The policies contained in the Volunteer Handbook may be changed without notice at the sole discretion of the Agency, which retains the right to interpret and apply the stated policies as it deems appropriate.

Volunteer Signature

EAAA Volunteer Supervisor Signature

Date

Date

Release and Waiver

I, the volunteer, do release and hold harmless Eastern Area Agency on Aging from any and all liability, claims, demands, costs, and damages of any kind, including personal injury, bodily injury, illness, property damage, loss or death.

I understand that by signing this release I assume the risk of injury, harm, damage, and loss associated with the Activities. I also understand that the agency does not assume any responsibility for provision of financial assistance including medical, health or disability insurance in the event of injury, illness, or property damage.

As it is not required to provide insurance by law, I understand that Eastern Area Agency on Aging does not provide Workers’ Compensation Insurance coverage for volunteers, including someone under 18.

Parent /Guardian Name: _____ Signature: _____

Date: _____

Volunteer Name: _____ Signature: _____

Date: _____

Is this volunteer applicant under the age of 18? _____ **Yes** _____ **No**

If yes, we will send you a parent/guardian Consent Form for signature

Volunteer Opportunities:

To help us assign you to a position that you will most enjoy, please look over the following choices below and share your interests and any limitations you might have.

Nutrition: Meals on Wheels driver, community café assistants, kitchen assistance, volunteer community café manager, Assist with Food Insecurity, Elder Buddies (driving seniors to medical appointments), Furry Friends (distributing pet food) and Commodities (distributing 30 lb. boxes of federal food)

Senior Medicare Patrol & State Health Insurance Assistance Program: Helping people to understand Medicare & other insurance options

Money Minders Helping people to balance their checkbook, create budgets and pay bills

EZ Fix: Minor home repair & cleaning assistance

Wellness Programs: Help with enrichment and movement classes, clerical support, and balance program assistance

Other opportunities: Clerical, Board, Grant research, much more...contact us with other volunteer interests @ 1-800-432-7812

Of the volunteer opportunities listed above, which one or two interest you the most?

Do you have any restrictions for volunteering? (For example: non-driver, lifting, hours available)



**AUTHORIZATION TO RELEASE
INFORMATION TO EASTERN AREA
AGENCY ON AGING.**

I hereby authorize the Eastern Area Agency on Aging to perform a license check with the Motor Vehicle Division of the State of Maine and a background check with the Department of Public Safety, State Bureau of Identification, Federal background check, National Sex Offender Registry Check and Office of Inspector General and US Dept of Health and Human Services Fraud Prevention Check. I hereby release all individuals connected therewith from all liability for any damage what so ever incurred in furnishing such information. I understand that this information is being released in confidence and will be kept confidential by Eastern Area Agency on Aging. By signing this release I authorize Eastern Area Agency on Aging to complete a background check as required by state and federal guidelines. I also understand that I must update Eastern Area Agency on Aging staff with any new information listed below should that change at any point during my tenure with the agency.

Signature

Date

PLEASE PRINT BELOW

First Name

Middle Name (full)

Last Name

Street Address (Physical Address)

City

State

Zip Code

Phone Number

Driver's License #

Date of Birth

Social Security Number

Maiden Name or any other prior name(s) used:
