# **CSFI Program for the Elderly Volunteer Welcome Sheet**

Your Start Date is / /

First

### Full Name:

Middle Initial

Preferred Nickname

**Thank you** for volunteering with CSFI Program for the Elderly. Below are guidelines to be followed:

Last

- 1. Have fun!
- 2. CSFI Program for the Elderly cannot discriminate and must ensure the civil rights of all patrons, volunteers & employees.
- 3. Our CSFI Program for the Elderly Volunteer Handbook contains all the information you will need concerning and volunteer insurance. Please read the handbook and ask any questions you may have.

# **Confidentiality Policy:**

Protecting the rights and privacy of our patrons is very important so please read CSFI's confidentiality policy very carefully.

By signing you agree to:

- Acknowledge organization records, files and information contained in CSFI's management information system is privileged and not to be accessed, discussed or distributed.
- Keep all patron information confidential by not discussing or sharing any personal information with anyone, unless a staff supervisor authorizes the access or discloser of information for official duties only.
- Not reproduce or remove any agency files, records, documents (written or electronic), unless you have supervisory authorization.
- If you know a patron, staff member or volunteer from another organization with a confidentiality policy (e.g. NA, AA, and Support groups) you should honor that policy and not disclose that information.
- Do not approach, acknowledge or engage patrons in conversation or socialization outside of your work with CSFI unless the patron approaches you first.

# No-solicitation/distribution policy:

CSFI has a no-solicitation/distribution policy. This prohibits employees and volunteers from engaging in political activity like passing out leaflets, signing recall petitions and nomination papers while working or driving for us. Consistent with our mission, advocacy to support issues to promote CSFI patron services is allowed and even encouraged.

Please sign here to signify you have read and understand the confidentiality and no-solicitation policy and that you have received a CSFI Program for the Elderly Volunteer Handbook. (*Please check when Handbook is given*))

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Signature

Date



Date of Profile: \_\_\_\_\_

### **CSFI Program for the Elderly -Prospective Volunteer Profile**

Thank you for the interest you have shown in volunteering at CSFI Program for the Elderly. Please take a few minutes to complete the following information:



Full Name: First Middle Initial		Last	Preferred Nickname		
Current Address:			Former Address: (if any within the previous 5 years)           Street		
treet					
City and Zip			City and Zip		
ull Birth Date: /	/ (month, day,	year)	Maiden Name:		
A background chec	k will be done on all volu	nteers 18 yr	s. & over.		
lome Phone:	Cell Phone:		_ Em <b>ail:</b>		
referred Contact Metho					
referred Contact Metho	u. (I lease chere one	THOIR			
anguages Spoken (other	than English):				
anguages Spoken (other mergency contact:	me)				
	me) Check all serv		(Relationship) Contact #)		
mergency contact:	me) Check all serv terfaith Office		(Relationship) Contact #) are willing to provide:		
Emergency contact:	me) Check all serv Iterfaith Office Cleaning		(Relationship)       Contact #)         are willing to provide:         Helping at special events		
Emergency contact:	me) Check all serv Iterfaith Office Cleaning ng and delivery		(Relationship)       Contact #)         are willing to provide:       Helping at special events         Helping at special events       Mowing lawns		
Emergency contact:	me) Check all serv Iterfaith Office Cleaning ng and delivery		(Relationship)       Contact #)         are willing to provide:         Helping at special events         Mowing lawns         Shoveling snow		
Immergency contact:	me) Check all serv Iterfaith Office Cleaning ng and delivery -up and delivery		(Relationship)       Contact #)         are willing to provide:         Helping at special events         Mowing lawns         Shoveling snow         Raking leaves		
Emergency contact:	me) Check all serv Iterfaith Office Cleaning ng and delivery -up and delivery er		(Relationship) Contact #)   Are willing to provide:   Helping at special events   Helping at special events   Mowing lawns   Shoveling snow   Raking leaves   Phone visits		

You verify that you have a: UValid Driver's License and U Current Insurance

We will keep a current copy of your license and insurance on file.

#### Availability days and times:

	Available Times					
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Sa.t./Sun						

Annual Backgrou	und Check	_/	/		/	/
/	/		_/	/	/	