



VOLUNTEER CHECKLIST

- VOLUNTEER APPLICATION
- SIGNED CONFIDENTIALITY AGREEMENT
- CPR CERTIFICATION
- TB TEST
- CURRENT DRIVER'S LICENSE (NEEDED FOR BACKGROUND CHECK)
- SOCIAL SECURITY CARD (NEEDED FOR BACKGROUND CHECK)

A CRIMINAL BACKGROUND CHECK WILL BE DONE WHEN ALL ITEMS HAVE BEEN COMPLETED AND RETURNED.

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license? No Yes

Do you have car insurance? No Yes

Do you have a car available for transporting others? No Yes

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Charlene's Angels that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Charlene's Angels. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Charlene's Angels or my termination as a volunteer.

Signature _____ Date _____

Participant's Right to Privacy

It is the policy of Charlene's Angels Adult Day Service Center that an individual's rights shall not be violated and considers the participant's right to privacy as an individual's right. As such, the provider's owners, directors, officers, employees, contractors, subcontractors and agents shall provide the participant with the opportunity for privacy.

The staff of Charlene's Angel's Day Service Center will extend the participant the opportunity for privacy as requested.



CONFIDENTIALITY AGREEMENT

I, _____, agree with the following statements:

I have read and understood Charlene's Angels Privacy Policy

I understand that I may come in contact with confidential information during my time at Charlene's Angels. As part of the condition of my work with Charlene's Angels, I hereby undertake to keep in strict confidence any information regarding any client, employee or business of Charlene's Angels or any other organization that comes to my attention while at Charlene's Angels. I will do this in accordance the Charlene's Angels privacy policy and applicable laws, including those that require mandatory reporting.

I also agree to never remove any confidential material of any kind from the premises of Charlene's Angels unless authorized as part of my duties, or with the express permission or direction to do so from Charlene's Angels.

Printed Name

Signature

Date