



For SCI office use only  
 Start date \_\_\_\_\_ Activity \_\_\_\_\_  
 Paperwork/training completed on \_\_\_\_\_  
 Follow-up \_\_\_\_\_

## VOLUNTEER APPLICATION

\_\_\_\_\_  
 Name Date of birth Today's date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Home phone Cell phone E-mail address

\_\_\_\_\_  
 Physical/health limitations

\_\_\_\_\_  
 Days available to volunteer (check all that apply)

Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thu \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

Mornings (8:30am-12pm) \_\_\_\_ Afternoons (12-5pm) \_\_\_\_ Special events (weekends & evenings) \_\_\_\_

\_\_\_\_\_  
 Occupation (former or current)

\_\_\_\_\_  
 We want you to get the most out of your experience with Senior Citizens, Inc. Please share what motivates you the most to volunteer?

\_\_\_\_\_  
 May we contact your current employer to recognize your volunteer work and achievements?

Yes \_\_\_\_ No \_\_\_\_ If so, please list work address and best person to contact

\_\_\_\_\_  
 Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
 If yes, please explain

\_\_\_\_\_  
 Have you ever been suspected of abuse/neglect/exploitation? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
 If yes, please explain

\_\_\_\_\_  
 IN CASE OF EMERGENCY, PLEASE NOTIFY

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Home phone Cell phone Work phone

Special skills/hobbies/interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer areas of interest**

- |  |   |
|--|---|
| <input type="checkbox"/> Meals on Wheels   | <input type="checkbox"/> Office assistant (filing, etc.)            |
| <input type="checkbox"/> Friendly Caller   | <input type="checkbox"/> Pet food packaging and/or delivery         |
| <input type="checkbox"/> Sterling Rides volunteer transportation                       | <input type="checkbox"/> Outreach volunteer                         |
| <input type="checkbox"/> Mailings  | <input type="checkbox"/> Assist with classes at The Learning Center |
| <input type="checkbox"/> Helper at Adult Daytime Care Center<br>or Neighborhood Center | <input type="checkbox"/> Home repair & yard work                    |
|  | <input type="checkbox"/> Assist with fundraising                    |

Refer a friend! Do you have a friend or family member who might be interested in volunteering with Senior Citizens, Inc.? If so, please let us know the best way to contact them:

\_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**Volunteering that involves transportation of any kind MUST include a copy of your driver's license and auto insurance with this application.**



## AGREEMENT REGARDING BACKGROUND INVESTIGATION

I understand that as a condition of volunteering with SCI, an investigation of my background will be completed and may be conducted again periodically. This investigation could include: criminal background, using fingerprints; moving vehicle violations; elder abuse; and discussions with prior employers.

By signing this form, I am attesting that I have:

- no criminal history
- a clean motor vehicle history
- given correct information on my application

I understand that a negative report could result in termination from the volunteer program.

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Volunteer signature

Date



Chatham County Sheriff's Office
CHRI Release/Waiver

By my signature below, I hereby request, authorize and direct Sheriff John T. Wilcher or his appointed designee and the Chatham County Sheriff's Office to perform a Georgia background investigation which includes, but may not be limited to an electronic background search of G.C.I.C. and local records.

Furthermore, I authorize and direct that any information or records which are produced or discovered as a result of this background investigation are to be released and transmitted to the persons identified below for whatever purpose they require. I am fully aware that the information or records produced as a result of this inquiry contain confidential and privileged information which would not otherwise be released without my consent, request or authorization.

In making this release authorization, I agree to HOLD HARMLESS, SHERIFF JOHN T. WILCHER, and ALL EMPLOYEES OF THE CHATHAM COUNTY SHERIFF'S OFFICE AND CHATHAM COUNTY GOVERNMENT FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION.

PLEASE PRINT CLEARLY

SUBJECT INFORMATION (PLEASE COMPLETE ALL FIELDS)

Form with fields for Last Name, First, Middle, Maiden (if applicable), Address, City, State, Zip, Phone Number, Race, Sex, Birth Date, Eyes, Hair, SSN, Height, Weight, State/Place of Birth.

[ ] WILL PICK UP [ ] PLEASE MAIL

RELEASE TO: (COMPLETE THIS SECTION IF YOU WANT YOUR BACKGROUND TO BE RELEASED OR MAILED TO SOMEONE OTHER THAN YOURSELF)\* Please note: For personal record inspections, only the applicant is allowed to pick up their results and they cannot be mailed for security reasons.

NAME: COMPANY:

MAILING ADDRESS:

BACKGROUND PURPOSE (CHECK ONLY IF APPLICABLE)

- [ ] EMPLOYMENT/VOLUNTEER WITH CHILDREN (W) [ ] EMPLOYMENT/VOLUNTEER WITH ELDER CARE (N)
[ ] EMPLOYMENT/VOLUNTEER WITH MENTALLY DISABLED (M)

BACKGROUND PURPOSES (CHECK ONLY ONE)

- [ ] ADOPTION/FOSTER CARE (E) [ ] PERSONAL RECORD INSPECTION (U)\*
\*Only the applicant is allowed to pick up results-cannot be mailed
[ ] OTHER

AUTHORIZATION

Prior to signing this request, I have fully read and understand the provisions of this writing. My request is freely made without fear of punishment or promise of reward, and with full and complete understanding of the consequences of my actions.

Legal Signature Date Witness

CCSO DEPARTMENT RESPONSE

- [ ] NO GCIC RECORD [ ] NO LOCAL RECORD
[ ] RECORDS FOUND AND ATTACHED [ ] FINGERPRINTS NEEDED FOR POSITIVE IDENTIFICATION

Chatham County Sheriff Office Official Date

Any further dissemination is protected under State and Federal Law

### Confidentiality Statement

With my signature, I agree that I will not discuss, release, confirm, copy, distribute, and/or otherwise use confidential data and information regarding clients, other volunteers, or donors of Senior Citizens, Inc. This agreement will remain in effect even when I am no longer associated with Senior Citizens, Inc.

Our Board of Directors has determined that it is in the best interest of our clients, volunteers, and the agency itself to conduct background checks on our volunteers and staff who have direct ongoing contact with clients and/or have access to confidential client information.

### Release and Waiver

Volunteer acknowledge the potential for risks of participating in the activities. Volunteer does hereby release and forever discharge and hold harmless Senior Citizens, Inc. and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from volunteer's activities with Senior Citizens, Inc. Volunteer understands that this release discharges Senior Citizens, Inc. from any liability or claim that the volunteer may have against Senior Citizens, Inc. with respect to any bodily injury, personal injury, illness, death, or property damage that may result from volunteer's activities with Senior Citizens, Inc., whether caused by the negligence of Senior Citizens, Inc. or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Senior Citizens, Inc. does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

### PLEASE CHECK ONE:

- I grant permission for SCI to take or receive photographs of me for advertising, promotional, or news purposes, in printed material, TV or radio broadcast, film or website. All rights of ownership and reproduction of photographs will be given to SCI.
- I do not grant permission for SCI to take or receive photographs of me.

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|  |             |
|--|-------------|
| Signature of volunteer   | Date signed |
| If volunteer is under 18, parent or guardian signature is required |             |

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|                       |             |
|-----------------------|-------------|
| Signature of guardian | Date signed |
|-----------------------|-------------|

We will not share any of your personal information with other organizations or our clients.

**Return this form to [volunteer@seniorcitizens-inc.org](mailto:volunteer@seniorcitizens-inc.org)  
or mail/bring to SCI, 3025 Bull Street, Savannah, GA 31405**

### CHECKLIST

- SIGNED Volunteer Application
- SIGNED Agreement Regarding Background Investigation
- SIGNED Chatham County Sheriff's Office CHRI Release/Waiver
- Copy of current auto insurance (if driving)
- Copy of current driver's license (if driving)

For more information, call (912) 236-0363  
or (866) 579-2116 or visit [www.seniorcitizensinc.org](http://www.seniorcitizensinc.org).