



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best form of contact: \_\_\_\_\_

Address, including ZIP:

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Regular Occupation: \_\_\_\_\_

### For the following options please check all that apply:

What days of the week are you available work?

Monday  Tuesday  Wednesday  Thursday  Friday

How often are you available?  Weekly  Bi-weekly  Monthly

Do you have reliable transportation?  Yes  No

The areas below represent our needs for volunteers. Please select the areas in which you feel you can best help. Please note that you will be asked to come in for brief orientation based on these areas when you return this application, or before you can begin your volunteer work with us.

Deliver meals to home bound senior citizens in the following geographical areas:

Aiken / Graniteville  North Augusta  Gloverville

New Ellenton  Wagener  Jackson

Volunteer at the agency:

Clerical  Reception  Grounds/building upkeep & maintenance

Kitchen/meal site assistance  Provide simple health screenings to seniors

Deliver frozen or shelf-stable meal kits (dried and canned food) to clients in rural areas once a month

Lead group recreation for seniors (music/crafts/games etc.)

list skills or crafts you would like to share:

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Provide materials for craft projects

Calling seniors at home to provide social interaction

Other things you would like to do:

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How did you hear about us?

Social Media

Print

Word of mouth

Television

Website

Google Search

Please specify further: \_\_\_\_\_

**Thank you for your application. Aiken Senior Life Services appreciates everyone who wants to help provide the best experience for our community's seniors!**



## VOLUNTEER GUIDELINES • HOME DELIVERED MEALS

This list of guidelines is designed to help both drivers and clients during meal deliveries.

1. Meals are delivered Monday through Friday between 10:30 am and 11:30 am; An average of 350 people receive deliveries per day.
2. Meals take less than an hour a day to deliver; There are usually no more than 10 stops per person, however, there may be more meals as some stops deliver to more than one person.
3. Route information and directions to client homes are provided to the volunteer. A cooler for hot foods and one for cold foods are required for food deliveries.
4. Clients are to be greeted with a friendly smile and asked how they are doing. They are not to be taken anywhere as they may ask it may become a habit for them.
5. If a person is not home volunteers are to call ASLS at 803-648-5447 and report it, and then take that meal to the next client.
6. If a volunteer feels that they are in an uncomfortable situation (bad dog, suspicious people, foul language etc.) leave and notify ASLS at 803-648-5447, then move on to next delivery.
7. Aiken Standard provides free newspapers for clients albeit occasionally there is a shortage.
8. Cat and dog food is also delivered when available/donated.

I, \_\_\_\_\_ have been trained by a staff member on proper home delivery meal protocol, and have also read and understood the guidelines listed above.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



## CLIENT CONFIDENTIALITY FORM

All information obtained on or about a client is to be kept in confidence. Sharing information with other agencies or individuals requires the permission of the client. For client information to be presented in court, a summons must be received for the staff or the client record. For a client record to be entered in a court proceeding, the agency must receive a summon for the record.

Social conversation with others regarding clients is strictly prohibited. All forms, letters, and other items that might have client-identifying information must be shredded before being discarded. This includes lists and notes that have clients names on them. The policy is mandated by federal and state regulations and is a very serious matter.

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Volunteer Signature

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Date



## VOLUNTEER BACKGROUND CHECK AUTHORIZATION

Name: \_\_\_\_\_

AKA and/or maiden name(s): \_\_\_\_\_

\_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

I understand that the above information will be used to conduct a criminal records check and I hereby give my permission for criminal records to be done through the South Carolina Law enforcement division or any other Law enforcement agency.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date