



agewellvt.org
 Helpline: 1-800-642-5119
 P 802-865-0360
 F 802-865-0363
 875 Roosevelt Hwy, Ste. 210
 Colchester, VT 05446



Help Vermonters
Age Well.

Donate today:
agewellvt.org



VOLUNTEER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address (if different from mailing address): _____

Home Phone: _____ Cell Phone: _____ H or C preferred: please check one

Current Employer: _____ Birthdate: _____

Email Address: _____ How did you hear about Age Well: _____

Emergency Contact (Name and Phone Number): _____

[] Yes, I would like to subscribe to Age Well's monthly e-newsletter to stay up-to-date on services, classes and events for Vermont's aging population. (Please write your e-mail address above)

How did you hear about Age Well? _____

I, _____, verify that I have a valid driver's license and that the vehicle I will use for service is and will be insured at the Vermont State minimum for auto liability insurance.

VOLUNTEER CONFIDENTIALITY AGREEMENT

It is important that Age Well's volunteers respect the privacy of the clients they serve. While serving clients, volunteers often learn a great deal about client's health, families, finances, attitude and personal lives. You may discuss what you do as a volunteer for our organization; however, it is not appropriate to reveal any sort of identifying information about clients. You may also have access to information about Age Well's other volunteers and staff members. Any confidential information that you receive as a volunteer should be used for Age Well purposes only.

SIGN VOLUNTEER CONFIDENTIALITY AGREEMENT

I have read the Volunteer Confidentiality Agreement and I agree to comply with its guidelines.

I understand that Age Well will perform background checks in compliance with the Department of Disabilities, Aging and Independent Living (DAIL) Background Check Policy. I have been informed that the DAIL Background Check Policy is accessible at agewellvt.org or will be provided by request. I will not begin my volunteer work until my background checks are completed and found to be satisfactory. I attest that all information contained in this application is valid and accurate, and I have not misrepresented myself or omitted any facts.

Name: _____

Signature: _____ Date: _____



agewellvt.org
Helpline: 1-800-642-5119
P 802-865-0360
F 802-865-0363
875 Roosevelt Hwy, Ste. 210
Colchester, VT 05446



Help Vermonters
Age Well.

Donate today:
agewellvt.org

Volunteer Opportunities (Check those areas that you are interested in):

- Friendly visits
- Yard work
- Running errands & assisting with shopping
- Minor home repairs
- Assisting with bill payment, checkbook balancing, and/or sorting mail
- Other _____
- Meals on Wheels delivery
- Shoveling snow
- Computer assistance
- organizing (papers, clothes, etc.)

How often would you like to volunteer? _____

(Please note we have flexible scheduling for many of the volunteer opportunities.)

Days that you are available to volunteer: _____

Communities where you would like to volunteer: _____

SAFETY CHECK PROCESS

If client does not answer the door, call the client's phone number.

If client does not answer the phone, see if the door is unlocked and enter the home to check if they are okay.

If client is not okay, call 911 and then call Age Well.

If door is locked and you cannot enter the home, see what you can observe and then call Age Well.

Meals on Wheels – Do not leave the meal, offer to another client on your route.

FRIENDLY VISITOR VOLUNTEERS ONLY

References: Please list two persons not related to you who know you well enough to tell us how reliable, empathetic, and enthusiastic you are. (Personal friends may be acceptable references if they have known you for a significant period of time and if they are over the age of 18.)

Name: _____

Telephone Number: _____ Best Time to Call: _____

Name: _____

Telephone Number: _____ Best Time to Call: _____

I understand that agency staff will contact the above references, and I authorize release of applicable information contained in this application from the named individuals.

Signature: _____ Date: _____

