SeniorServices
OF ALEXANDRIA

Volunteer Application

☐ Meals on Wheels   ☐ Groceries to Go   ☐ Friendly Visitor   ☐ Friendly Caller

Name: _____   Date: _____
(last)   (first)   (m.i.)

Address: _____
(street)   (city/town)   (zip)

How long have you lived at your current address? _____

Contact Info, Select Primary Number:

☐ (Home) _____   ☐ (Work) _____

☐ (Cell) _____   (Email) _____

Birth Date: _____   SSN (*background check required): _____-_____-_____

==**We can email a link for you to complete your own background check at no cost to you. You do not need to provide your SSN if you choose this option.==

Employer/Occupation: _____

_____

Interests/special skills/hobbies: _____

_____

Previous volunteer experience: _____

Foreign languages: _____

How did you hear about Meals on Wheels/Groceries to Go/Friendly Visitor Program? _____

_____

_____

--For Meals on Wheels Only--

Provide copy of license
Make of Vehicle: _____ Tag #: _____
Provide copy of Insurance card
Are you presently carrying the minimum legally required auto insurance coverage? _____

Have you been convicted of any moving violations within the last 12 months? _____ For?_____

Have you ever been convicted of a felony?_____ For?_____

In case of emergency, please contact:_____Relationship:_____

Home Phone Number:_____Cell Phone Number:_____

Please provide us with a reference you have known for at least one year (not relatives) who we may contact to comment on your ability to volunteer. Please include daytime phone numbers if possible.

Name:_____ Contact Number: _____

Address: _____
(street)   (City)   (Zip)

PRIVACY POLICY

All personal information we collect is stored securely and used solely for the purpose of communication between staff and volunteers and to conduct criminal background checks as required by City of Alexandria. For questions regarding personal information storage and use, please contact Senior Services of Alexandria.

Authorization to Conduct a Background Check with Sterling Volunteers

The City of Alexandria requires Senior Services of Alexandria to conduct a criminal background check for all new volunteers. We will advise you if the report contains any results that prohibit volunteer participation.

I, _____ (print name), authorize Senior Services of Alexandria (SSA) to have a background report prepared by Sterling Volunteers and delivered to SSA for use for volunteer purposes.

_____   _____
Applicant Signature (Retype your full name)   Date