



Volunteer Enrollment Form

Name (first, last) _____ DOB: _____

Address _____

Mailing Address (if different) _____

Phone (home) _____ (cell) _____

E-mail Address _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Address _____

At what times are you available and interested in volunteering? (Check all that apply)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Weekends
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Please list volunteer roles you are interested in: _____

What different skills do you bring to a volunteer role? (personal, job transferable):

Geographic preference as to where you would like to volunteer: _____

Are there times or seasons when you *cannot* do volunteer work? Yes No

If yes, please specify _____

Education (Please check highest level completed):

- | | |
|--|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> High School Graduate |
| <input type="checkbox"/> Some College or Vocational School | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> Some Graduate School | <input type="checkbox"/> Graduate School |

(Continued)

Current/Former Employer _____ Address _____

Does your employer/former employer have an employee volunteer match program? ___ Yes ___ No

Please tell us about your current employment/past work history and/or volunteer experiences:

Have you ever served, or are you serving in the U.S. Military? ___ Yes ___ No

Do you speak more than one language? ___ Yes ___ No

If yes, what language (s)? _____

Do you need special accommodation in order to do volunteer work? (Example: Allergies, Health Conditions, Mobility Issues, etc.) ___ Yes ___ No

If yes, please explain. _____

Are you required to do community service for any reason? ___ Yes ___ No

If yes, explain: _____

Do you drive? ___ Yes ___ No Do you hold current auto liability insurance? ___ Yes ___ No

Name of Auto Insurance Company _____

May we print your name as a new volunteer in our publication, the *Senior News*? ___ Yes ___ No

How did you hear about us?

___ A Speech ___ Radio ___ Another Volunteer ___ Senior News
___ Other paper ___ TV ___ Word of Mouth ___ SMAA Website
___ Other website ___ Staff Person Other: _____

I understand that I am a volunteer and not an employee of SMAA/ RSVP.

Signature of Volunteer _____ Date _____

Additional Comments: _____

PLEASE RETURN TO:
Southern Maine Agency on Aging at the Sam L. Cohen Center
30 Barra Road
Biddeford, ME 04005
FAX: (207)-517-6240



Confidentiality Agreement for Staff and Volunteers

In the course of providing services and support to the community, staff and volunteers at Southern Maine Agency on Aging (SMAA) are privy to confidential information about the agency, the workstations where volunteers are assigned, and clients and their families. We at Southern Maine Agency on Aging respect and honor the trust that others have placed in us when they share such confidential matters. We therefore understand the necessity of keeping this information in strict confidence and not divulging to anyone any part of the information unless we have specific instructions and releases from those involved. All SMAA staff and volunteers do therefore pledge to receive and hold confidential all information concerning any aspect of the agency's business, including but not limited to its clients, its employees, and its services, and agree not to divulge or disclose such information to any person not employed at the agency, including other organizations, government agencies, and legal entities, without proper release and approval from SMAA's executive director to release such information. **The release of information in violation of this policy is grounds for discipline up to and including immediate termination of employment or volunteer opportunity.**

By signing this, I agree to adhere to the SMAA Confidentiality Agreement and will not at any time disclose or use either during or subsequent to my employment or volunteer opportunity any confidential information, knowledge, or data which I receive or develop during my employment or volunteer opportunity at SMAA. I acknowledge that my supervisor, or his or her designee, has explained the policy to me. Examples of information that must be kept confidential include but are not limited to:

- Client and/or family information; employee information
- Organization mailing lists or business plans
- Training materials

By signing this agreement, I also acknowledge the following:

- **The release of information in violation of this policy is grounds for discipline up to and including immediate termination of employment or volunteer opportunity.**
- If I am unsure whether the release of information is authorized, I should check with my supervisor or his or her designee.
- The unauthorized disclosure of confidential information may also result in civil or criminal penalties.

Employee/Volunteer Signature

Date

Print Name

PLEASE SIGN BOTH SIDES →

Send form to volunteer@smaa.org or mail to: **Volunteer Services, Southern Maine Agency on Aging at the Sam L. Cohen Center, 30 Barra Road, Biddeford ME 04005**



Prohibition against Harassment & Retaliation Prevention Agreement

This document summarizes the Maine Human Rights Act, laws enforced by the Federal Equal Employment Opportunity Commission, and policies of Southern Maine Agency on Aging that prohibit sexual and other forms of harassment in the workplace. The Agency will not tolerate bullying, and workplace violence or harassment based on gender identity, sexual orientation, transgender status, genetic information, marital status, amnesty or status as a covered veteran, race, color, religion, national origin, age or disability. An employee/volunteer will be subject to disciplinary action, including dismissal, for violation of these laws and policy. To view these laws and policy, see <http://smaaa.org/volunteer.html>

The policy's protections apply two ways:

1. You have a right not to be harassed by any volunteer, staff member, or client of the Agency.
2. Volunteers, staff members, and clients of the Agency have a right not to be harassed by you.

What kinds of conduct are prohibited?

1. Display of suggestive objects or pictures, and requests to see suggestive pictures of another person.
2. Jokes of a sexual nature; suggestive or lewd remarks.
3. Pressure to date a supervisor or other staff, unwelcome flirtation or sexual advances, and requests for sexual favors.
4. Unwelcome hugging, kissing, or touching. Contact should be kept to a handshake.
5. Degrading or suggestive comments about appearance, clothing, anatomy, gender identity, sexual orientation, transgender status, genetic information, marital status, amnesty or status as a covered veteran, race, color, religion, national origin, age or disability.
6. Retaliation against one who has made a complaint of harassment.

It is considered sexual harassment when:

- An employee or volunteer is forced to submit to such conduct (described above) either explicitly or implicitly as a term or condition of his or her employment/volunteer opportunity;
- Employment decisions/volunteer placements are made on the basis of whether an employee/volunteer submits or rejects such conduct;
- Such conduct interferes with an employee's work or a volunteer's job performance or it creates an intimidating, hostile, or offensive environment.

Even if someone is joking, comments of a personal or sexual nature *may* bother another person, in which case such comments may be considered harassment. When in doubt, ask yourself: "Would I want my spouse, partner, child, sibling, or parent to be subjected to this behavior or comment?"

If you believe you have been harassed in any way, contact your volunteer program coordinator or the department supervisor.

By signing this Agreement, I acknowledge the following:

- **I have read a description of the Maine Human Rights Act, laws enforced by the Federal Equal Employment Opportunity Commission, and the SMAA Policy that prohibit sexual and other forms of harassment (above) and agree to abide by their terms.**
- **I will contact my supervisor or his or her designee if I have questions concerning the information in this notice.**

Employee/Volunteer Signature

Date

Print Name

Send form to volunteer@smaaa.org or mail to: **Volunteer Services, Southern Maine Agency on Aging at the Sam L. Cohen Center, 30 Barra Road, Biddeford ME 04005**



CONSENT FORM for NON-PROFIT USE

I, _____ hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes for use by the Southern Maine Agency on Aging. I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

Printed Name: _____

Signature: _____

Date: _____

* I DO NOT AGREE _____

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