



## Volunteer Application

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

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about Wilshire Community Services? \_\_\_\_\_

Highest level of education achieved: \_\_\_\_\_

Additional Training / Certificates: \_\_\_\_\_

Language Abilities: \_\_\_\_\_

*Current Employment Status (mark all that apply):*

Retired \_\_\_ Employed \_\_\_ Self-Employed \_\_\_ Disabled \_\_\_ Unemployed \_\_\_ Student \_\_\_

Please list current and/or previous employment:

Company	Position	Length of Time
Current:		
Previous:		
Previous:		

*Please list current and/or previous volunteer activities:*

Organization	Activity	Length of Time

Please provide two references who are not your family members:

Name	Relation (friend, coworker, etc.)	Phone	Address

Please indicate which of the following services you are interested in providing:

- Transportation
- Shopping / Errands
- Light Housekeeping
- Home Repairs
- Yard Work
- Meal Preparation
- Caring Caller (Friendly Visits / Calls)
- Senior Peer Counselor
- Community Outreach
- Volunteer Supervisor
- Other: \_\_\_\_\_

Please indicate your preferred days and hours of availability:

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

Please indicate your preference concerning client demographics:

- I prefer a male client
- I prefer a female client
- I do not have a gender preference
- I prefer a non-smoker
- I prefer a home with no pets
- Other: \_\_\_\_\_

Please indicate the San Luis Obispo County region(s) in which you would like to serve:

- North County (Atascadero, Templeton, Paso Robles)
- Coastal (Los Osos, Morro Bay, Cayucos, Cambria)
- South County (Pismo Beach, Grover Beach, Arroyo Grande)
- City of San Luis Obispo

Is there anything else you'd like us to know about your specific needs?

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*Emergency Contact Information:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a recent DMV print-out. This may be obtained from <http://www.dmv.ca.gov/online/dr/welcome.htm> for \$2.00 or from any Department of Motor Vehicles for \$5.00.**

***Applications may be submitted to:***

Wilshire Community Services

Attn: Services Coordinator

285 South Street, Suite J

San Luis Obispo, CA 93401

[khudson@wilshirehcs.org](mailto:khudson@wilshirehcs.org)

Tel: 805-547-7025 ext.26 Fax: 805-549-0654

**VERITY SCREENING SOLUTIONS  
DISCLOSURE, AUTHORIZATION & RELEASE FORM  
VOLUNTEER APPLICANT**

**As part of the application process to become a volunteer with WILSHIRE HEALTH & COMMUNITY SERVICES or wholly owned D/B/A:  
Please Select Agency and/or Department:**

- Caring Caller  Good Neighbor Program  Senior Peer Counseling

("Company"), I understand that they and/or its agents **may** conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from local, state, federal and other agencies and/or courts), motor vehicle records, military records, names and dates of education. I understand that these records may be used for the eligibility to be a volunteer. I authorize without reservation the full release of these records and for Verity Screening Solutions and/or its agents contacted by Verity Screening Solutions to obtain information.

In addition, I release and discharge Verity Screening Solutions, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the Company. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination as a volunteer.

**I acknowledge having received a written summary of my rights under the Fair Credit Reporting Act.** I understand that I am entitled to a copy of my report upon my written request to Verity. Requests may be directed to: **Verity Screening Solutions, 8174 S. Holly Street, Suite 508 Centennial, CO 80122** or by calling 1-888-883-7489.

Signature: \_\_\_\_\_ Date: (MM/ DD/YYYY) / \_\_\_\_ / \_\_\_\_

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY**

**PLEASE PRINT CLEARLY**

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

Social Security #:	Driver License/ID #:	State	* Date of Birth:	* Gender
- - -			MM/DD/YY / /	

Current Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

*\*Providing gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.*

**OTHER NAME(S) USED DURING LAST SEVEN (7) YEARS**

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

Last Name: First: MI: Used from: Through:  
mm/yyyy mm/yyyy

**FORMER ADDRESS(ES) USED DURING LAST SEVEN (7) YEARS**

Former Address: Street/PO Box City: State ZIP Code County Used from: Through:  
mm/yyyy mm/yyyy

Former Address: Street/PO Box City: State ZIP Code County Used from: Through:  
mm/yyyy mm/yyyy

Former Address: Street/PO Box City: State ZIP Code County Used from: Through:  
mm/yyyy mm/yyyy

**FOR ADDITIONAL NAMES/ADDRESSES, PLEASE USE PAGE TWO (2)**

PLEASE PROVIDE ME WITH A COPY OF MY BACKGROUND REPORT:  Yes  No

**OTHER NAME(S) USED DURING LAST SEVEN (7) YEARS, continued**

Last Name: First: MI: Used from: Through:  
mm/yyyy mm/yyyy

Last Name: First: MI: Used from: Through:  
mm/yyyy mm/yyyy

Last Name: First: MI: Used from: Through:  
mm/yyyy mm/yyyy

Last Name: First: MI: Used from: Through:  
mm/yyyy mm/yyyy

**FORMER ADDRESSES USED DURING LAST SEVEN (7) YEARS, continued**

Former Address: Street/PO Box City: State ZIP Code County Used from: Through:  
mm/yyyy mm/yyyy

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Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

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Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

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Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

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Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

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Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

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## **Volunteer Questionnaire**

1. What is your interest in becoming involved with Caring Callers?
2. How do you feel about your own aging?
3. How do you feel about the aging of others?
4. How do you think you would react to a client with a different background, worldview or value system than you?
5. Please describe any special interests and/or hobbies you can share with your match.
6. Please describe any previous experience working with seniors.
7. Is there anything else you would like to tell us about yourself?

## Volunteer Agreement

Welcome to the Caring Callers Program of San Luis Obispo County. Thank you for volunteering your services on behalf of Caring Callers, a program of Wilshire Community Services a division of Wilshire Health and Community Services, Inc. We appreciate your time and dedication to such important work.

Wilshire Health and Community Services, Inc. is a private, not-for-profit public benefit corporation and as a volunteer, you will receive no remuneration for your services. Additionally, as a person performing voluntary services for a private, not-for-profit organization you are not entitled to workers' compensation benefits.

Volunteering as a Caring Caller offers a unique opportunity to uplift and encourage clients through a lifelong friendship. As a Caring Caller volunteer you help to alleviate the isolation and loneliness that many seniors face by offering a friendly connection to the community. Many volunteers report that they are deeply impacted by the quality of their friendships with seniors and we hope that you too will experience these benefits through your volunteer service.

The following volunteer expectations outline the important role you will fulfill:

1. Meet with your matched client for a minimum of 1 hour per week.
2. Attend one outside Volunteer Training opportunity per a fiscal year. Opportunities will be listed in the Volunteer Newsletter.
3. Commit to a minimum of one year of service. Matches can last for the life of the client which may exceed several years.
4. Understand your role as a Caring Caller volunteer and the related policies of the Caring Callers Program.
  - a. Conflict of Interest Policy: Staff and volunteers are prohibited from soliciting clients for any business in which they hold a personal interest.
  - b. Confidentiality Policy: Staff and volunteers are required to sign this agreement, which assures clients that the information disclosed as part of Caring Callers is confidential within the program.
5. Complete the following paperwork as requested:
  - a. Time Sheets: Time sheets include the dates and times of visits and telephone contacts of 15 minutes or more, travel time, mileage, a description of each contact and a signature. Time sheets must be submitted to the Caring Callers office for each month in which the volunteer provides services by the tenth (10<sup>th</sup>) day of the following month.
  - b. RSVP Hours and Mileage Reports: Reports must be submitted to the Caring Callers office for each month in which the volunteer provides services by the tenth (10<sup>th</sup>) day of the following month. (Refer to item 6 for clarification)
6. All volunteers age 55+ agree to become members of the Retired and Senior Volunteer Program (RSVP) in order to take advantage of the liability insurance coverage and the available mileage reimbursement.

I, \_\_\_\_\_, have read, understand, and agree to the above conditions and policies as a  
(Print Name)  
Volunteer for The Caring Callers Program, a program of Wilshire Community Services.

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Volunteer Signature

Date

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Program Director

Date