



## Volunteer Enrollment Form

(Please circle one)

Miss/Mrs/Ms/Mr \_\_\_\_\_ 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 note that Meals on Wheels volunteers work M/T/Th/F mornings. Weekend opportunities are also limited.

Please list volunteer roles you are interested in: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

If yes, are you interested in participating in Vet to Vet: Veterans Helping Veterans? \_\_\_ 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  
136 US Route 1  
Scarborough, ME 04074  
FAX: (207) 883-8249



## 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@smaaa.org](mailto:volunteer@smaaa.org) or mail to: Volunteer Services, Southern Maine Agency on Aging, 136 U.S. Route One, Scarborough ME 04074



## Prohibition against Sexual Harassment Agreement

State and federal law and the policies of Southern Maine Agency on Aging prohibit sexual harassment in the workplace. An employee/volunteer will be subject to disciplinary action, including dismissal, for violation of this policy.

The law's protections apply two ways:

1. You have a right not to be sexually 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 sexually harassed by you.

What kinds of conduct are prohibited?

1. Display of suggestive objects or pictures.
2. Requests to see suggestive pictures of another person.
3. Jokes of a sexual nature; suggestive or lewd remarks.
4. Pressure to date a supervisor or other staff member.
5. Unwelcome flirtation or sexual advances.
6. Unwelcome hugging, kissing, or touching. Contact should be kept to a handshake.
7. Requests for sexual favors.
8. Degrading or suggestive comments about appearance, clothing, or anatomy.
9. 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 sexually harassed, contact your volunteer program coordinator or the department supervisor.

**By signing this Memo of the Maine Sexual Harassment Law Notice, I acknowledge the following:**

- I have read a description of the Maine Sexual Harassment Law Notice (above) and agree to abide by its 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

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