

VOLUNTEER APPLICATION

215 W. Breckinridge Street, Louisville, KY 40203

502.587.8673



Last Name:		First Name:		Today's Date:	
Street Address:					
City:		State:		Zip:	
Phone:			Email:		
Language(s) Spoken:		Gender:	Date of Birth: ____ / ____ / ____		Education:
How did you hear about ElderServe?			Hobbies, skills, and/or special interests?		

Volunteer/Employment History

Volunteer Agency/Employer:	Phone Number:	Responsibilities:	Dates From:	Dates To:

Does your employer provide matching funds for your volunteer time? Yes No

Volunteer Opportunities (Please check one or more)

	<p>Active Choices: Volunteers help participants formulate an individualized wellness plan to start and maintain a regular physical activity routine. Exercises include flexibility, strength, balance, and daily step tracking. Volunteers connect with participants through follow-up telephone calls over 6 months.</p>
	<p>Friendly Visitor: Matches volunteers with older adults, based on interests and location to provide companionship. Volunteers visit twice a month and complete a monthly home visitor report. Activities might include shopping, playing games, going to a movie or restaurant, or simply sharing stories.</p>
	<p>Senior Center: Located at 631 S. 28th St. in West Louisville's Russell neighborhood, our lively Senior Center engages older adults with games, crafts, exercise classes and health screenings/education. We welcome volunteers who would like to greet participants, lead activities or provide entertainment. We also have opportunities to prepare and assist in serving lunch on weekdays.</p>
	<p>Senior Companion: Volunteer opportunity for income-eligible seniors age 55+. Volunteers will be trained and matched with an older adult in the community who needs assistance with the tasks of daily living to maintain independence.</p>
	<p>Special Project Volunteer: Volunteer opportunities include, but are not limited to, assisting with fund-raising activities, public speaking, promoting our programs, providing clerical support, and participating in special projects.</p>
	<p>TeleCare: Volunteers provide reliable contact for older adults, promoting social engagement and personal connection. Calls to assigned participants can be made from home or work. Once calls are complete, volunteers report to the TC coordinator. Flexible hours between 8am-1pm.</p>

Availability

<p>Monday:</p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<p>Tuesday:</p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<p>Wednesday:</p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<p>Thursday:</p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<p>Friday:</p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Weekends	<input type="checkbox"/> Flexible
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References		
Please provide the names of two persons, not related to you, whom you have known for a least one year.		
Name:	Relationship to Applicant:	# Yrs. Acquainted:
Daytime Phone:	Email:	
Name:	Relationship to Applicant:	# Yrs. Acquainted:
Daytime Phone:	Email:	
Emergency Contact		
Name:	Name:	
Phone:	Phone:	
Relationship to Applicant:	Relationship to Applicant:	
Identification and DMV check		
State Driver's License Number:	Expiration Date:	
Insurance Company/Policy Number:		
Volunteer Agreement		
<p>1. Each volunteer must maintain a firm commitment to professional conduct:</p> <ul style="list-style-type: none"> a. Participant files and case information must be held in strict confidence. b. Notification is necessary when absent from volunteer duties. c. Volunteers must provide at least two weeks advanced notice before ending their volunteer position. <p>2. Each volunteer is required to attend an orientation.</p> <p>3. Volunteers are not permitted to accept money and/or gifts from participants nor are they allowed to handle their finances and/or medications in any way.</p> <p>4. I hereby give ElderServe Inc., the right to investigate my past volunteer and employment activities. I release from all liability all persons, companies, and corporations who supply such information. I hold harmless and indemnify ElderServe Inc. against any liability that may result from such an investigation.</p> <p>I understand and agree to the above mentioned conditions.</p>		
Signature:	Date:	



VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (“Release”) is executed on this ____ day of _____, by the Volunteer for ElderServe, Inc. (“ElderServe”), a nonprofit corporation, organized under the laws of the Commonwealth of Kentucky.

I, _____ (“Volunteer”) desire to further the work of ElderServe by performing services as a Volunteer. I undertake to perform said services as a Volunteer without compensation and, in performing said services, I acknowledge that I am not acting as an employee of ElderServe.

I hereby freely and voluntarily execute the Release under the following terms:

Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless ElderServe from any claim or liability that I may have or which may be brought on my behalf against ElderServe with respect to any bodily injury, personal injury, illness, death, or property damage that may arise out of or in any way be related to my participation as a Volunteer.

Insurance. I understand that ElderServe does not carry or maintain and expressly disclaims responsibility for providing any general liability, health, medical, automobile, or disability insurance coverage for Volunteers.

Photographic Release. I grant ElderServe permission to take photographs and/or video recordings pertaining to my role as a volunteer and to post them on the ElderServe website, social media accounts, newsletters, and/or marketing materials. I further convey to ElderServe all rights, title, and interest in any and all photographic images and video or audio records made by ElderServe during my work for ElderServe.

Confidentiality. I understand that as an ElderServe Volunteer I may have access to or overhear confidential client or agency information. I further understand and agree that I am not to disclose any confidential information and/or records to anyone except as required in the ordinary course of performing my volunteer activities.

Volunteer Name: _____

Signature: _____

Date: _____

POLICY ON REPORTING SUSPECTED ADULT ABUSE

PURPOSE

Reporting adult abuse is an individual duty mandated by the Kentucky Revised Statutes 209.030 and may not be discouraged or inhibited by any supervisor or administrator. However, ElderServe has established internal procedures, not inconsistent with Kentucky law, to facilitate reporting, notify supervisors and administrators or suspicions of adult abuse involving clients, and coordinate efforts of the agency and of appropriate law enforcement and social services officials.

AGENCY POLICY

According to the Kentucky Revised Statutes 209.030 any individual who reasonably suspects abuse of an adult is required to report to or cause reports to be made to Adult Protective Services (APS). Any employee or volunteer of ElderServe, in the course of employment or engagement with ElderServe, must report suspected incidences of adult abuse under the following conditions:

- a. If he or she observes any incident that reasonably appears to be physical abuse, sexual abuse, emotional/psychological abuse, abandonment, financial exploitation, or neglect; or
- b. If an elder says that he or she has experienced behavior constituting physical abuse, sexual abuse, emotional/psychological abuse, abandonment, financial exploitation, or neglect; or
- c. If he or she reasonably suspects abuse; AND
- d. The client meets the following criteria as defined under KRS 209.020:
 1. Adult means a person eighteen (18) years of age or older who, because of mental or physical dysfunction, is unable to manage his or her own resources, carry out the activity of daily living, or protect himself or herself from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services.

If the situation is an emergency, the reporting individual must first call 911. If the situation is not an emergency, the reporting individual must first report witnessed or suspected abuse to their direct supervisor. The supervisor will complete or assist the reporting individual in contacting APS.

All employees, including those in salaried categories, must sign a statement that they understand and will comply with the adult abuse reporting requirements under Kentucky law.

REPORTING PROCEDURES

- 1) If the situation requires immediate law enforcement or medical attention, 911 must be called.
- 2) If the situation is not an emergency, document the incident or observations and report as soon as possible to the direct supervisor. This may be by phone or in person and should not be any longer than two (2) calendar days from the incident or initial observation or suspected abuse.
- 3) The supervisor will listen to the reporting individual's concerns and ensure that the situation meets the criteria for reporting to APS.

- 4) The supervisor will gather the necessary information to provide a report to APS.
- 5) If the reporting individual is comfortable making a report to APS, the supervisor will assist the reporting individual in making the report.
- 6) If the reporting individual is not comfortable making a report to APS, the supervisor will make a report to APS concerning the suspicions of the reporting individual.
- 7) The supervisor will follow-up with APS in a timely manner to determine what action has been taken.
- 8) The supervisor will follow-up with the reporting individual to monitor the client's situation.
- 9) The supervisor will establish appropriate services for the reporting individual and for the client as necessary.

Contents of Report

Any person making a report to APS shall provide the following information, if known:

- a) The name and address of the adult, or any other person responsible for his care;
- b) The age of the adult;
- c) The nature and extent of the physical abuse, sexual abuse, emotional/psychological abuse, abandonment, financial exploitation, or neglect, including any evidence of previous physical abuse, sexual abuse, emotional/psychological abuse, abandonment, financial exploitation, or neglect;
- d) The identity of the perpetrator, if known;
- e) The identity of the complainant, if possible; and
- f) Any other information that the person believes to might be helpful in establishing the cause of abuse, neglect or exploitation.

RESPONSIBILITIES

Reporting Individual

When an employee or volunteer of ElderServe suspects abuse, he or she is responsible for reporting those suspicions immediately to a supervisor. The individual does not have to prove any suspicions of abuse in order to make a report to APS.

Supervisor

The supervisor is responsible for ensuring that a climate of openness in order that employees and volunteers of ElderServe are comfortable reporting suspected adult abuse. The supervisor must be knowledgeable of APS criteria and discern whether or not the suspected abuse necessitates a report to APS. The supervisor will also provide appropriate services for the client and may coordinate with ElderServe's Senior Crime Victim's Assistance Program, the Crimes Against Seniors Unit, and APS.

PROTECTIONS

No employee of ElderServe will be subject to any reprimand, loss of pay, termination, or other negative action for reporting any suspicion of adult abuse of an ElderServe client. Individuals making reports to APS can do so anonymously. If the reporting individual wishes to give his or her name to APS, all information as to the identity of the reporting party is kept confidential.

Individuals making reports to APS are also protected from civil or criminal liability:

KRS 209.050 Immunity for civil or criminal liability

Anyone acting upon reasonable cause in the making of any report or investigation or participating in the filing of a petition to obtain injunctive relief or emergency protective services for an adult pursuant to this chapter, including representative of the cabinet in the reasonable performance of their duties in good faith, and within the scope of their authority, shall have immunity from any civil or criminal liability that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from such report or investigation and such immunity shall apply to those who render protective services in good faith pursuant either to the consent of the adult or to the court order.

PENALTIES FOR NOT REPORTING

Any employee or volunteer of ElderServe must report suspected adult abuse to his or her direct supervisor and report or cause a report to be made to APS. Failure to report suspected adult abuse may result in a reprimand, loss of pay, termination, or other negative action.

Failure to report suspected adult abuse is also a crime in the state of Kentucky:

KRS 209A.030 Penalty for failure to report abuse or neglect

Anyone knowingly or wantonly violating provisions of subsection (2) of this section (mandatory reporting) shall be guilty of a Class B misdemeanor and penalized in accordance with KRS 532.090. Each violation shall constitute a separate offense.

KRS 532.090 Sentence of imprisonment for misdemeanor

A sentence of imprisonment for a misdemeanor shall be a definite term and shall be fixed within the following maximum limitations:

- 1) For a Class A misdemeanor, the term shall not exceed twelve (12) months; and
- 2) For a Class B misdemeanor, the term shall not exceed ninety (90) days.

Any questions about this policy may be referred to a supervisor or ElderServe’s Senior Crime Victims’ Assistance Program.

I hereby attest that I have knowledge of Kentucky Revised Statutes (KRS) 209.030, 209.050, and 209A.030 and have received a copy of ElderServe’s Policy on Reporting Suspected Adult Abuse. I understand that in the state of Kentucky any individual suspecting abuse of an adult under KRS 209.030 is required to report the suspected abuse to APS. As an employee or volunteer of ElderServe, I will fulfill this obligation. I am aware of the potential penalties, both agency and criminal, for not reporting suspected abuse.

Volunteer Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____



BACKGROUND SCREENING RELEASE & AUTHORIZATION FORM

In connection with my application for employment (including contract for services or volunteer services) or tenancy with **ElderServe Inc. (Company Name)**, consumer reports will be requested. These consumer reports (investigative consumer reports in California) may include, as applicable, the following types of information: names and dates of previous employers/landlords, salary, work/tenant experience, education, accidents, licensure, credit (except California), social media, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, evictions, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers/landlords and other past or current associates of mine to gather information regarding my work/tenant performance, character, general reputation, personal characteristics and lifestyle may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: VeriCORP, Inc., P.O. Box 436054, Louisville, KY 40253-6054; telephone (877) 717-3515 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). **I hereby consent to your obtaining the above information from the agency.** You may view their privacy policy at their website: www.vericorpr.com.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s), including the release of all criminal history records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

- California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (ETZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third

party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law. _____(Initials)

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

APPLICANT SIGNATURE: _____ **DATE:** _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567- 8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:
2. To the extent not included in item 1 above:
 - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions

CONTACT:

- a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552
- b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
 - a. Office of the Comptroller of the Currency Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
 - b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480
 - c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
 - d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

3. Air carriers
Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
4. Creditors Subject to Surface Transportation Board
Office of Proceedings, Surface Transportation Board
Department of Transportation 395 E Street S.W.
Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921
Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies
Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416
Securities and Exchange Commission
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or Federal Trade Commission:
Consumer Response Center – FCRA Washington, DC 20580
(877) 382-4357

First Name:	Middle Name:	Last Name:	
Social Security Number:	Date of Birth: _____ / _____ / _____	Male:	Female:

Alias/Maiden/Previous Name(s) – Use the back of this form if more space is needed:

First Name:	Middle Name:	Last Name:	Years Used:

List all addresses, including current address, **for the past 7 years** – Use the back of this form if more space is needed:

Street Address, City, State:	Zip Code:	County:	Dates From:	Dates To:
			/ /	/ /
			/ /	/ /
			/ /	/ /

Only complete if applying for a position that may involve driving a motor vehicle:

Driver's License Number:	State Issued:	Expiration Date:
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Email address:

Signature:	Date:
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