



A PROGRAM OF CHRISTIAN SENIOR SERVICES
4306 NW LOOP 410
SAN ANTONIO, TX 78229
(210) 735-5115 ♦ Fax (210) 735-5659

VOLUNTEER REGISTRATION FORM

Date _____ Volunteer Site _____ D.O.B. _____

Name _____ Gender _____

Address _____ Ethnicity _____

City _____ State _____ Zip _____

Telephone _____ Cell _____ E-Mail _____

Contact in emergency: _____ Phone _____

Previous Volunteer Experience: _____

1. *Is there a particular Department that you would like to volunteer in?*

Meals on Wheels Grace Place Senior Companion Program

2. *Do you have any physical limitations or are you under any current treatment which might limit your ability to perform certain types of work?* Yes No

3. *Please list two non-family references whom we might contact:*

A. _____ Phone _____

B. _____ Phone _____

4. *How did you hear about us?*

Website Referred by a friend Another Agency From client of agency

Newspaper/Television Information Fair Other: _____

Background Check & Identification Information

I hereby allow Christian Senior Services to perform a check of my background, including

- criminal record personal references

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

Liability Consent

I understand that I must comply with the Texas State Liability requirements for all motor vehicle operators. I further agree to list verification of coverage below.

Drivers License Number _____ State _____

Auto Insurance Company _____ Policy Number _____

****Photo copies of TDL and insurance coverage will need to be attached****

VOLUNTEER PLEDGE

I believe that Christian Senior Services has a real need of my services as a volunteer worker. I will conduct myself with dignity, courtesy, and consideration. I will endeavor to make my work of the highest quality. I will treat as confidential all information which I may acquire directly or indirectly concerning clients, and will not discuss information with anyone other than CSS Staff or my Site Coordinator. I will take any problems, criticisms, or suggestions to the Site Supervisor. I will uphold the traditions and standards of this agency and will interpret them to the community at large.

*I understand and agree to all the above information. I agree to indemnify and hold Christian Senior Services harmless of and from all claims, demands, losses, suits or all other damages of any kind arising from my activities as a volunteer for Christian Senior Services. **Additionally I Verify I have read the volunteer manual, completed the one hour orientation and will deliver in accordance to the guidelines as instructed***

Volunteer Signature

Date

Site Name

Name of Person giving orientation