



Dear Prospective Senior Companion Volunteer,

Thank you for your interest in becoming a Senior Companion Volunteer!!

Join our Senior Companion Program for ongoing volunteer opportunities to make a difference in an older adult's life through various flexible one-time assignments by providing occasional social and physical support to seniors, on your schedule.

Support can include one-time assignments such as medical escorting, shopping assistance, pantry – drop offs, post office/ banking accompaniment, assisting with pet care, basic technology assistance, simple household organization.

To be a volunteer with SCP you must:

- Be at least 21 years old + provide State ID (non-expired)
- Complete a federal background check & sex offender check
- As of 10/1/21, proof of COVID vaccination is required
- Complete Three Hour Volunteer Orientation at SCP Office
- Commit to the hours of availability you have on file
- Volunteers must attend one virtual monthly supervision meeting

Please complete the enclosed application and return it to:

Senior Companion Program

265 Henry Street

New York, NY, 10002

Volunteer Application Form 2024

VOLUNTEER APPLICANT DEMOGRAPHIC INFORMATION:				
FIRST NAME:		LAST NAME:		
DATE OF BIRTH:		CURRENT AGE:		
ADDRESS:	APT #:	CITY:	STATE:	ZIP CODE:
CELL PHONE #:		HOME PHONE #:		
EMAIL:				
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> GENDER FLUID/ DOES NOT IDENTIFY <input type="checkbox"/> DOES NOT WISH TO DISCLOSE				
ETHNICITY:	<input type="checkbox"/> HISPANIC		<input type="checkbox"/> NON- HISPANIC	
RACIAL STATUS: <input type="checkbox"/> ASIAN <input type="checkbox"/> AFRICAN AMERICAN / BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE AMERICAN/ PACIFIC ISLANDER <input type="checkbox"/> MULTIRACIAL				
PLEASE CHECK OFF THE LANGUAGES THAT YOU ARE PROFICIENT IN: SPOKEN: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> CHINESE <input type="checkbox"/> OTHER: _____ READ: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> CHINESE <input type="checkbox"/> OTHER: _____ WRITTEN: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> CHINESE <input type="checkbox"/> OTHER: _____				

PREFERRED VOLUNTEER SERVICE PERIOD:

- ☐ 3 MONTHS
☐ 6 MONTHS
☐ 9 MONTHS

VOLUNTEER APPLICANT TRAVEL:

ABLE TO ESCORT CLIENTS ON THE FOLLOWING TRANSPORTATION METHODS:

- ☐ BUS
☐ TRAIN
☐ ACCESS-A-RIDE ☐ CAR SERVICE

WHAT BOROUGHs ARE YOU INTERESTED IN WORKING IN?

- ☐ MANHATTAN
☐ BROOKLYN
☐ BRONX
☐ QUEENS
☐ STATEN ISLAND

APPLICANT GENERAL AVAILABILITY:

- ☐ MONDAY TIMEFRAME AVAILABLE: _____
☐ TUESDAY TIMEFRAME AVAILABLE: _____
☐ WEDNESDAY TIMEFRAME AVAILABLE: _____
☐ THURSDAY TIMEFRAME AVAILABLE: _____
☐ FRIDAY TIMEFRAME AVAILABLE: _____
☐ SUNDAY TIMEFRAME AVAILABLE: _____

MOTIVATION & INTERESTS:

WHAT INSPIRED YOU TO VOLUNTEER WITH OUR PROGRAM?

- | | |
|--|--|
| <input type="checkbox"/> PERSONAL EXPERIENCES INSPIRED | <input type="checkbox"/> GIVE BACK TO COMMUNITY |
| <input type="checkbox"/> HELP THOSE IN NEED | <input type="checkbox"/> PERSONAL GROWTH EXPERIENCES |
| <input type="checkbox"/> VOLUNTEER HOURS | <input type="checkbox"/> MAKE DIFFERENCE LOCALLY |
| <input type="checkbox"/> ENHANCE RESUME SKILLS | <input type="checkbox"/> COMMUNITY ENGAGEMENT |
| <input type="checkbox"/> INTERGENERATIONAL CONNECTION | |

OTHER: _____

WHAT ASPECTS OF OUR PROGRAM INTEREST YOU THE MOST?

- | | |
|---|---|
| <input type="checkbox"/> SOCIAL INTERACTION OPPORTUNITIES | <input type="checkbox"/> ERRAND RUNNING |
| <input type="checkbox"/> APPOINTMENT ACCOMPANIMENT | <input type="checkbox"/> GROCERY SHOPPING ASSISTANCE |
| <input type="checkbox"/> FRIENDLY VISITING | <input type="checkbox"/> COMPANIONSHIP |
| <input type="checkbox"/> TECHNOLOGY ASSISTANCE | <input type="checkbox"/> CLIENT ESCORTING |
| <input type="checkbox"/> PET WALKING | <input type="checkbox"/> MOBILITY ASSISTANCE |
| <input type="checkbox"/> HOME ORGANIZATION | <input type="checkbox"/> PANTRY FOOD DROP OFFS |
| <input type="checkbox"/> RESPITE CARE SERVICES | <input type="checkbox"/> FLEXIBLE VOLUNTEER OPPORTUNITIES |

OTHER: _____

SKILLS & EXPERIENCES

DO YOU HAVE ANY EXPERIENCES WORKING WITH OLDER ADULTS OR VULNERABLE POPULATIONS? ☐ NO ☐ YES (IF YES, BRIEFLY EXPLAIN EXPERIENCE BELOW)

HAVE YOU VOLUNTEERED PREVIOUSLY? ☐ NO ☐ YES (IF YES, BRIEFLY EXPLAIN EXPERIENCE BELOW)

HOBBIES & SPECIAL SKILLS:

- ☐ READING ☐ CROCHET/KNITTING ☐ DANCING ☐ FISHING
☐ PHOTOGRAPHY ☐ ART ☐ MUSICAL INSTRUMENTS ☐ BEADWORK/JEWELERY
☐ SEWING ☐ CRAFTS ☐ SCRAPBOOKING ☐ EXERCISE/ WALKING
☐ TRAVELING ☐ VOLUNTEERING ☐ COOKING ☐ SINGING
☐ COMPUTER BASICS ☐ SMARTPHONE BASICS ☐ TABLET BASICS
☐ MINDFULNESS/MEDITATION

OTHER: _____

EMERGENCY CONTACT:

FIRST NAME:		LAST NAME:		
ADDRESS:	APT #:	CITY:	STATE:	ZIP CODE:
CELL PHONE #:		HOME PHONE #:		
EMAIL:				

BACKGROUND CHECK AUTHORIZATION:

I, the volunteer applicant, hereby authorize the henry street settlement- senior companion program to conduct a background check, including a search of the sex offender registry, as a condition of my volunteer application. I understand that this check is required to ensure the safety and well-being of clients and will be kept confidential. Henry street settlement- senior companion program reserves the right to reject a candidate for any reason that the organization, in its sole judgment, determines will or may affect either the best interests of a client or Henry Street Settlement – Senior Companion Program and Citymeals on Wheels. Furthermore, Henry Street Settlement – Senior Companion Program reserves the right to withhold the reason(s) for such rejection.

APPLICANT SIGNATURE: _____ **DATE:** _____



BACKGROUND CHECK DISCLOSURE NOTICE - AUTHORIZATION FORM

The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Name: _____

(Last Name)

(First Name)

(Middle Name)

Other name(s) used in any and all other records of birth or records of residences:

Street Address: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Social Security Number** _____ - _____ - _____

(MM/DD/YYYY)

Gender: _____ **Race:** _____

Driver's License #: _____ **State Issued:** _____

In connection with my application for employment, my continues employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize Henry Street Settlement, at any time during my application process and/or employment, to obtain an investigative consumer report that may include, but not be limited to, a criminal record check, sexual abuse registry check, employment and education verifications, verifications of personal references and reputation; and driving record. I do hereby consent and authorize Henry Street Settlement to use any information provided on this form or during the application process in obtaining the investigative consumer report. Upon request I have the right to review and challenge any negative information that would adversely impact me or adversely affect a decision to offer employment. I agree to release, indemnify and hold harmless Henry Street Settlement and any consumer reporting agency used by Henry Street Settlement with regard to any information reported by the consumer reporting agency. I acknowledge that facsimile, copy, or email of this document shall have the same validity, force and effect as the original.

1) I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS BACKGROUND CHECK DISCLOSURE NOTICE AND AUTHORIZATION FORM IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT INCORRECT OR INCOMPLETE INFORMATION MAY BE GROUNDS FOR TERMINATION OF CURRENT EMPLOYMENT OR CANCELLATION OF ANY AND ALL OFFERS OF EMPLOYMENT AT THE DISCRETION OF THE APPLICABLE AGENCY.

2) I UNDERSTAND APPLICANTS ARE REQUIRED TO REPORT ARRESTS MADE BETWEEN THE APPLICATION FOR EMPLOYMENT AND DECISION TO HIRE THE APPLICANT FOR EMPLOYMENT.

3) Notice to New York Applicants: Under Article 25 Sec 380-g of the NY General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

SCP Volunteer Applicant Signature: _____ **Date:** _____

STATEMENT OF UNDERSTANDING AND CONSENT

I, the volunteer, understand my obligation to fulfill my volunteer responsibilities to the best of my ability. I acknowledge and agree that I am not obligated to serve as a henry street settlement – senior companion program volunteer; nonetheless I understand that henry street settlement – senior companion program needs to have predictability in scheduling, as the beneficiaries of henry street settlement – senior companion program services rely on these services. If I am scheduled to volunteer on any date and at any time and am unable to do so, I will give as much notice as possible.

I understand once I am assigned to a volunteer placement, I will be required to maintain contact with the appropriate henry street settlement – senior companion program staff for the purpose of monitoring the volunteer assignment, based on the particular duties I have taken on as a volunteer.

I further agree to accept the supervision of the appropriate individual(s) at my assigned volunteer placement and to discontinue my service if I am requested to do so by the organization.

As a volunteer for henry street settlement – senior companion program, I will sign the attached acknowledgment and release from liability.

I have read and understand the above, and my signature reflects my consent to these statements.

Applicant signature: _____ **date:** _____

NOTE: Henry Street Settlement – Senior Companion Program will not discriminate against any person on the basis of race, creed, color, national origin, age, marital status, gender, sexual orientation, disability, or any other characteristic protected by law.

ADULT VOLUNTEER CONSENT AND LIABILITY WAIVER

I, the Volunteer, acknowledge and agree that as a volunteer for Henry Street Settlement – Senior Companion Program I will not receive any monetary compensation for myself or any other form of remuneration from Henry Street Settlement – Senior Companion Program and Citymeals on Wheels. I agree to hold harmless and hereby indemnify Henry Street Settlement – Senior Companion Program and Citymeals on Wheels, if through the course of my volunteer work, I am injured, become ill and/or require medical treatment.

I hereby irrevocably authorize Henry Street Settlement – Senior Companion Program and Citymeals on Wheels to copyright and/or use, forever hereafter, anywhere in the world, my name, picture or other likeness, video segment, and statements endorsing Henry Street Settlement – Senior Companion Program and Citymeals on Wheels on Wheels, to be used for the purpose of advertising, publicity and trade, in any and all present and future media, and in connection therewith I hereby release them and each of them from liability. I understand that Henry Street Settlement – Senior Companion Program and Citymeals on Wheels will not disclose my address in any public material. I realize that Henry Street Settlement – Senior Companion Program and Citymeals on Wheels provide Companionship support services and meals to frail, isolated or homebound elderly and that during the course of my volunteer work I may learn information about those served. I understand that this information is strictly confidential, and I shall never disclose any of this information to any other person or entity.

I acknowledge that volunteering for Henry Street Settlement – Senior Companion Program may involve interacting with those constituents and going into their homes, as well as engaging in other activities that may put me at risk. I acknowledge that I am fully aware that serving as a Henry Street Settlement – Senior Companion Program volunteer brings with it both known and unknown risks, including but not limited to a risk of personal injury, exposure to communicable illnesses, personal injury and/or property damage, and I voluntarily assume all risks associated with serving as a volunteer. I understand and agree that situations may arise while I am a volunteer that may be beyond Henry Street Settlement – Senior Companion Program and Citymeals on Wheels control, and I must continually act in such a manner as not to endanger myself or others. I agree to exercise caution and good judgment at all times while volunteering and to comply with all rules and guidance imposed regarding my activities.

I acknowledge and agree that I am fully and solely responsible for any property and personal belongings that I bring onto any premises where I volunteer and that Citymeals will not be responsible for or provide any security for my property and personal belongings.

I, on behalf of myself and my heirs, executors, administrators, successors and assigns and personal representatives, hereby release, discharge, and hold harmless Henry Street Settlement – Senior Companion Program and Citymeals on Wheels and all direct and

indirect parent companies, affiliates, successors and assigns, and their officers, trustees, directors, agents, representatives, employees, volunteers and contractors (collectively, the “Releasees”) of and from any and all claims, including all liabilities, damages, costs, suits and judgments of any kind, known or unknown, arising out of or relating to any harm suffered by me in connection with volunteering for Henry Street Settlement – Senior Companion Program, regardless of whether such claims arise under any common law or public policy, in contract, strict liability, tort, or otherwise. It is my express intent that this release shall forever bind my family, estate, heirs, executors, administrators, successors and assigns, and personal representatives, and shall be deemed their waiver, release, discharge and covenant not to sue the Releasees, to the fullest extent permitted by applicable law.

I understand and agree that this release includes any claims based on the acts, omissions, or negligence of the Releasees.

This release and the provisions contained herein shall be interpreted according to and controlled by the laws of the State of New York. I agree that any action or proceeding arising from the subject matter of this release shall be brought exclusively in the United States District Court for the Southern District of New York, and if federal jurisdiction is lacking, in the New York State Courts in New York County, and I hereby expressly consent to the personal jurisdiction thereof.

I certify that I have reached the age of majority, have signed under my own free will and am suffering under no legal disabilities that would impair my ability to sign this release.

APPLICANT SIGNATURE: _____ **DATE:** _____