

Acknowledgement of Understanding Form

I acknowledge receipt of Aging True Volunteer Handbook. I acknowledge that the Volunteer Handbook supersedes any and all prior handbooks of Aging True. I understand that the information contained in the Volunteer Handbook constitutes management guidelines only, which may be added to, deleted, or changed from time to time at the discretion of Aging True.

I acknowledge that under the Volunteer Protection Act, I have certain rights as an Aging True Volunteer. It is thus my responsibility to ensure that I have a valid driver's license and auto insurance for volunteer activities which include Meals on Wheels, Cathedral Café service and other such opportunities.

I recognize that neither the Volunteer Handbook nor any other communication, either written or oral, made at the time of the commencement of volunteer work, or subsequently, is intended to in any way create a contract between Aging True and myself. I understand that my volunteerism is at-will and entered into voluntarily and may be terminated by Aging True or me at any time, with or without cause or notice. I acknowledge that I have read or will read the Volunteer Handbook, and I accept full responsibility for familiarizing myself with the policies contained in the Volunteer Handbook.

I understand that volunteer services at Aging True may involve work that may include, but is not limited to, lifting, and carrying heavy items. I understand that it is my responsibility not to engage in volunteer tasks that are beyond my physical limitations or abilities.

I acknowledge that Aging True, when required, will conduct comprehensive background checks on volunteers.

If I have any questions regarding the content or interpretation of the Volunteer Handbook, I agree to bring it to the attention of the Volunteer Coordinator.

This Handbook is intended to provide volunteers with information about policies and practices currently enforced. No Handbook can anticipate every circumstance or question about policy. As Aging True continues to grow, we may need to change policies described in this Handbook. We reserve the right to revise, supplement, or rescind any policies or portion of the Handbook from time to time as we deem appropriate, in our sole discretion. We will keep you informed of any such changes as they occur.

Printed Full Name

Date of Signature

Signature

Confidentiality and Nondisclosure Agreement

By volunteering with Aging True, I (name) _____ agree that I will not disclose or use any of Aging True's confidential information, to include confidential information regarding clients, either during or after their employment. Aging True hopes that its relationship with its volunteers will be long-term and mutually rewarding. However, volunteering with Aging True assumes an obligation to maintain confidentiality even after the termination of a volunteer's tenure with Aging True.

Signature

Date

**If the volunteer is under 18 years of age, the signature of a parent or guardian is also required.*

Parent or Guardian Name

Parent or Guardian Signature

Minor Volunteer Name

Date

Public Media Consent and Release Form

I grant the Cathedral Foundation of Jacksonville, Inc. and Urban Jacksonville, Inc. d/b/a Aging True Community Senior Services and its affiliates, its representatives and employees the right to take photographs/digital images, videotape, audio, or quoted remarks of me and/or my property in connection with the above-identified subject. I authorize Aging True, its assigns and transferees to copyright, use and publish the same in print or electronic publications.

I agree that Aging True and its affiliates may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising or marketing collateral, website content and social media platforms. Aging True adheres to the Privacy Act and respects the rights of its clients, their caregivers, its employees, and affiliates and does not solicit, disclose or sell any printed or photographed material with any third party.

I have read and understand the above:

Printed Full Name: _____

Signature: _____

Date of Signature: _____

Organization Name (if applicable) _____

Parent or Guardian Signature (if under age 18):

Printed Full Name: _____

Signature: _____

Date of Signature: _____



AGING TRUE
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Volunteer Release/Waiver of Liability and Authorization of Background Screening Form

This Release and Waiver of Liability executed on ____ (date) by _____ (Volunteer) release Aging True, a non-profit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. The Volunteer desires to provide services for Aging True and engage in activities related to volunteerism.

The volunteer understands that the scope of the relationship with Aging True is limited to a volunteer position and that no compensation is expected in return for services provided by the volunteer and that Aging True will not provide any benefits traditionally associated with employment to the volunteer; and that the volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of the Volunteer's services to Aging True.

Waiver and Release:

I, the volunteer, release and forever discharge and hold harmless Aging True and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature either in law or in equity which arise or may hereafter arise from the services I provide to Aging True. I understand and acknowledge that this Release discharges Aging True from any liability or claim that I may have against Aging True with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Aging True or occurring while I am providing volunteer services.

Insurance:

Further, I understand that Aging True does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Aging True beyond what may be offered by Aging True in the event of injury or medical expenses incurred by me.

Medical Treatment:

I hereby Release and forever discharge Aging True from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Aging True.

Assumption of Risk:

I understand that the services I provide to Aging True may include activities that may be hazardous to me involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Aging True from all liability.

Photographic Release:

I grant and convey to Aging True all right, title, and interest in any and all photographs' images, video, or audio recordings of me or my likeness or voice made by Aging True in connection my providing volunteer services to Aging True.

I hereby authorize Aging True and any agents thereof permission to perform a check of my background to include criminal history, driving record, and any other source as appropriate for the volunteer job I have expressed interest in. I understand that the information collected will be limited to that appropriate to my eligibility as a volunteer and all information will be kept confidential.

Printed Full Name: _____

Signature: _____ Date _____

Volunteer Interest Form

County interested in volunteering

Duval County Clay County

Volunteer Information

Date: _____ Date of Birth (DD/MM/YYYY): _____

First Name: _____ Middle Name: _____

Last Name: _____ Phone Number: _____

Street Address: _____ Unit / Number: _____

City: _____ State: _____ Zipcode: _____

How long have you lived at the address above? _____

Email Address: _____ Gender: _____

Emergency Contact Information

Emergency Contact Full Name: _____

Emergency Contact Phone: _____ Relationship: _____

List One Reference (Not a Family Member)

Reference Full Name: _____

Reference Phone: _____ Relationship: _____

Do you have any prior volunteer experience or special training?

Previous volunteer experience: _____

What days & times would you be available? _____

Activities you are interested in:

- Administrative Support Meal Delivery Telephone Reassurance
 Caregiver Relief Arts & Crafts Meal Site Assistance Adult Day Care
 Clay Senior Center Programming (Games, Bingo, Classes) Personal Services

I want to stay connected! Please add me to Aging True's communications list!

Add me to the List! Not at this time.