



Jayhawk Area Agency on Aging, Inc. (JAAA)

VOLUNTEER APPLICATION

Jayhawk Area Agency on Aging (JAAA) provides information, referral and services for older Kansans and their caregivers residing in Shawnee, Jefferson and Douglas Counties. JAAA provides services for older adults such as case management, caregiver support, and information/outreach. Through partnerships with other community agencies, JAAA also coordinates service delivery. JAAA advocates on aging issues, builds community partnerships and implements programs to help older adults live independent and dignified lives. Jayhawk Area Agency on Aging, Inc. does not discriminate on the basis of race, color, sex, national origin, age, religion, or disability. Jayhawk Area Agency on Aging, Inc. is a 501 C (3) Non-Profit corporation.

If you are interested in exploring general volunteer opportunities at JAAA, please complete this application. **Applicants must pass a background check before participation as a volunteer.**

Please print contact information.

Applicant Name: First _____ Middle _____ Last _____

Mailing address: _____

City: _____ State: _____ Zip code: _____ County: _____

Phone: (Home) _____ (Cell) _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: (Home) _____ (Cell) _____

Best method and time to reach you: * JAAA offices are open Mon-Fri from 8:00am-5:00pm*

☐ Phone ☐ Email ☐ Morning ☐ Afternoon

1. Skills and Interests (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Organizing volunteers | <input type="checkbox"/> Large group public speaking | <input type="checkbox"/> Small group public speaking |
| <input type="checkbox"/> Talking on the phone | <input type="checkbox"/> Assisting with monthly mailings | <input type="checkbox"/> Data Entry/Computer Work |
| <input type="checkbox"/> Assisting in completing forms | <input type="checkbox"/> Providing resource information | <input type="checkbox"/> General Office Work |

2. Are you fluent in any language other than English including sign language?

☐ Yes ☐ No If yes, please list the language(s): _____

3. Check the day(s) and time of day you are available.

☐ Morning: _____ ☐ Afternoon: _____
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

4. Do you have any restrictions? (For example: non-driver, lifting, hours available)

☐ Yes ☐ No If yes, what restrictions? _____

5. **Have you ever been convicted of a criminal offense?** ☐ Yes ☐ No

If yes, please explain: _____

6. **Have you been convicted of a crime that is a misdemeanor or felony in the past 10 years?**

☐ Yes ☐ No *If yes, please explain:* _____

Please share your work and volunteer experience.

7. **Are you retired?** ☐ Yes ☐ No

If no, what kind of work do you do? _____

8. **Are you currently volunteering?** ☐ Yes ☐ No

If yes, what type of volunteer activity? _____

9. **Why do you want to volunteer at Jayhawk Area Agency on Aging (JAAA)?**

10. **Please check the volunteer Opportunities you are interested in:**

- ☐ **CHAMPSS (Choosing Healthy Appetizing Meal Plan Solutions for Seniors) Program**

- ☐ Lead program presentation at in-person orientations.
- ☐ Assist with completion of enrollment forms at orientation events
- ☐ Assist with renewal reminder phone calls to participants
- ☐ Assist with preparation of monthly mailings for annual renewals
- ☐ Secret Shopper *Must be a current CHAMPSS participant.

- ☐ **Senior Health Insurance Counseling for Kansas (SHICK)**

- ☐ Administrative support- Copying, filing, data entry, and placing outbound phone calls.
- ☐ Counselor- Provide confidential individual health insurance counseling services
- ☐ Group Presenter-Facilitating group presentations on SHICK, Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA).

- ☐ **Care 4 All Dementia Day Group**

- ☐ Provide friendship and socialization to our community friends with dementia - Lawrence
- ☐ Provide friendship and socialization to our community friends with dementia - Topeka

- ☐ **Silver Hair Legislature (SHL)**

- ☐ The SHL is to advocate for legislation introduced by the SHL.
- ☐ Testify at hearings on SHL legislation.
- ☐ Meet with older adults in their county and district on SHL legislation affecting the 60 years of age and older community.

- ☐ **JAAA Board of Directors**

- ☐ Setting policy
- ☐ Hiring the AAA director and
- ☐ Supervising the AAA director

- ☐ **JAAA Advisory Council**

- ☐ Advising on policy
- ☐ reviews resumes and makes recommendations
- ☐ Offers advice and assistance to AAA director

Confidentiality Agreement

The nature of the work conducted by Jayhawk Area Agency on Aging (JAAA) makes confidentiality an important issue. Breaking of this trust is grounds for strong disciplinary action or termination of the position. Confidential information is valuable and sensitive and is protected by the law. The intent of these laws and policies is to assure that confidential information will remain confidential – that is, that it will be used only as necessary to accomplish the organizations mission. As a volunteer, you are required to conduct yourself in strict conformance to applicable Federal, State, County or Jayhawk Area Agency on Aging policies governing confidential information. Your principle obligations in this area are explained below. **You are required to read and abide by these duties.** *I will only access confidential information for which I have a need to know; and*I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my professional activities under this Agreement; and*I will not misuse confidential information or carelessly care for confidential information.*I will safeguard and will not disclose any authorization I have that allows me to access confidential information.*I understand that my obligations under this Agreement will continue after my services are no longer being utilized by this agency.*I hereby understand all the above information and will abide with it through my time spent with Jayhawk Area Agency on Aging. **I Agree** ☐

Release and Waiver

I, the volunteer, do release and hold harmless Jayhawk Area Agency on Aging from any and all liability, claims, demands, costs, and damages of any kind, including personal injury, bodily injury, illness, property damage, loss or death. I understand that by signing this release I assume the risk of injury, harm, damage, and loss associated with the volunteer duties. I also understand that the agency does not assume any responsibility for provision of financial assistance including medical, health or disability insurance in the event of injury, illness, or property damage. As it is not required to provide insurance by law, I understand that Jayhawk Area Agency on Aging does not provide Workers' Compensation Insurance coverage for volunteers, including someone under 18. **I Agree** ☐

Public Media Release Statement

I agree to allow Jayhawk Area Agency on Aging to use my name or likeness (photo) or audio for any purposes they see fit in their Public Relations/Marketing materials, including but not limited to posting on JAAA's web site, newspapers and television advertisements. JAAA retains sole copyright to said likeness and may use it in any form now and in the future. I understand I will receive no monetary gain from this use. **I Agree** ☐ **I Disagree** ☐

Volunteer Relationship Statement

I understand the following: *The volunteer relationship between me and Jayhawk Area Agency on Aging can be terminated at any time and for any reason. *There is no verbal agreement regarding the terms, conditions, or length of my volunteering. *The policies set forth in the Volunteer Handbook do not constitute a contract and may be changed without notice at the sole discretion of JAAA, which retains the right to interpret and apply the stated policies as appropriate. **I Agree** ☐

I declare that the information provided and statements made in this application are true, complete, and accurate to the best of my knowledge and belief.

Applicant Signature

Date

Office Use Only:

Staff signature: _____ Date: _____

☐ Volunteer-Interview not required ☐ Volunteer-Interview required Interview date: _____

Approved for training: ☐ Yes Interviewer name: _____