



Hello!

We thank you for your interest in volunteering for Villages of San Mateo County (VSMC). We can't do it without people like you who are willing to volunteer to help others in their communities.

Village of the Coastsides is now a member of Villages of San Mateo County (Mid-Peninsula Village, Sequoia Village and Village of the Coastsides). VSMC provides the liability insurance for coverage of our volunteers. Please see the application form to indicate which village you would like to serve.

Village members we serve will range from the fully independent (who may be volunteers themselves), those who need help for unexpected injury or others being served who may be more dependent upon others.

Most volunteers work closely with our members, therefore, VSMC will conduct a background check on all potential volunteers. Those volunteers who will be providing rides to members, as you would expect, will be asked for proof of adequate auto liability insurance and their DMV driving record will be validated. Equally important to know is that most VSMC volunteers will be covered by a volunteer accident insurance policy based upon their volunteer activity.

Please find the following documents on the website. Please print, complete and sign these documents to the address in the Application.

1. Volunteer Application Form
2. Villages of San Mateo County Communicable Disease Waiver and Release
3. Villages of San Mateo County Volunteer Agreement
4. Disclosure and Authorization Form to Obtain a Criminal Background Report
5. Volunteer Agreement for Driver Background Check (for those who wish to drive Members)

Please be aware that the VSMC background check and any documents which include your social security number and/or driver's license number will be **disposed** of once the background check has been completed.

Please let us know if you have any questions.

Very truly yours,

Villages of San Mateo County

Irene Liana

Eric Hanson

Maureen Szostak



Villages of San Mateo County Volunteer Application

(The personal information you provide will be kept confidential to staff and authorized volunteers.)

Name _____ Date of birth: ____/____/_____
Street _____ City _____ State _____ Zip _____
Home Phone _____ Cellular Phone _____ Business Phone _____
E-mail _____ Please check (v) the best way to contact you (___ phone or ___ email).
How did you hear about Villages of San Mateo County? _____

While Volunteers are welcome to assist members in one or more villages, it is helpful to know if one village is your primary interest. As a VSMC volunteer, I am applying to volunteer with:

- ☐ Sequoia Village (Belmont, San Carlos, Redwood City & Redwood Shores)
☐ Mid-Peninsula Village (San Mateo, Burlingame, and Hillsborough)
☐ Village of the Coastside (Half Moon Bay, Montara, Moss Beach, El Granada)

Briefly explain your reasons for volunteering at Villages of San Mateo County:

Please briefly describe any past volunteer or work experience, or personal skills, which may help you contribute to the success of the Villages of San Mateo County. (If more room is needed, use back or add another sheet.)

In case of emergency, please notify:

Name _____ Address _____
Telephone _____ Email: _____

Please see attached for list of volunteer services. Check the one(s) you may be interested in. Be aware that you may change your selections at any time.

By signing below you certify that the information you have provided is true and complete to the best of your ability.

Signature: _____ Date: _____

Thank you for your interest in Villages of San Mateo County volunteer opportunities. After completing this application, if volunteering for:

- Either Sequoia or Mid-Peninsula spokes of VSMC please email it to info@villagesofsmc.org or mail it to Villages of San Mateo County, P.O. Box 813, San Carlos, CA 94070.
- Villages of the Coastside please email it to info@villageofthecoastside.org or mail to Village of the Coastside P.O. Box 1595 El Granada, CA 94018

Once your application and other documents are received, you will be contacted for an interview.

Your name (please print) _____

Date _____

Please check relevant boxes: Which village services would you like to perform?

Personal Services		Administrative Services
<input type="checkbox"/> Advocate	<input type="checkbox"/> Organizing (paperwork or other)	<input type="checkbox"/> Village Community Outreach
<input type="checkbox"/> Errands misc.	<input type="checkbox"/> Other	<input type="checkbox"/> Village Data entry
<input type="checkbox"/> Friendly phone calls	<input type="checkbox"/> Petcare	<input type="checkbox"/> Village Financial services
<input type="checkbox"/> Friendly visits	<input type="checkbox"/> Pharmacy pickup	<input type="checkbox"/> Village Fund-raising
<input type="checkbox"/> Garden/Yard Chore	<input type="checkbox"/> Restaurant meal pick up	<input type="checkbox"/> Village Internet research
<input type="checkbox"/> Grocery Shopping	<input type="checkbox"/> Technology/computer assistance	<input type="checkbox"/> Village Misc. office work
<input type="checkbox"/> Home repair	<input type="checkbox"/> Transportation-Grocery 1-Way	<input type="checkbox"/> Village Office staff*
<input type="checkbox"/> Home safety EVALUATION *	<input type="checkbox"/> Transportation-Grocery Roundtrip	<input type="checkbox"/> Village Phone calling
<input type="checkbox"/> Home Safety – GFCI *	<input type="checkbox"/> Transportation-Medical 1-Way	<input type="checkbox"/> Village Public speaking
<input type="checkbox"/> Home Safety - Grab Bars *	<input type="checkbox"/> Transportation-Medical R-Trip	<input type="checkbox"/> Village Recruiting
<input type="checkbox"/> Home safety modification	<input type="checkbox"/> Transportation-Other R-Trip	<input type="checkbox"/> Village Social events
<input type="checkbox"/> House Chore	<input type="checkbox"/> Transportation-Other 1-Way	<input type="checkbox"/> Village Treasures
<input type="checkbox"/> HS Order Med Alert Device *	<input type="checkbox"/> Transportation-Wheelchair 1Way *	<input type="checkbox"/> Village Writing & editing
<input type="checkbox"/> Meals on Wheels Delivery	<input type="checkbox"/> Transportation-Wheelchair RT *	<input type="checkbox"/> Membership Coordinator*
* note that the services with asterisks involve some additional training		<input type="checkbox"/> Volunteer Coordinator*

If you plan to be a volunteer driver you will need to provide a current copy of your driver's license, auto registration and proof of insurance.

- ☐ Sequoia and Mid-Peninsula Volunteer Drivers: Check this box if you would be willing to drive over the hill to pick up members of Villages of the Coastside (VOTC) for medical appointments in the Redwood City through Burlingame areas.
- ☐ Village of the Coastside Volunteer Drivers: Check this box if you would be willing to drive members of the Coastside to medical appointments in the Redwood City through Burlingame areas.
- ☐ Access to member requests is found on the VSMC website under Volunteer Self Sign-up. As a volunteer you are provided with access. In the event you are not able to access the VSMC website, please check this box.



Communicable Disease Waiver and Release

This Communicable Disease Waiver and Release Agreement ("CDW") is entered into by and between _____ ("Participant") and Villages of San Mateo County ("VSMC"), a 501(c) (3) nonprofit corporation. Participant desires to participate in the services provided by VSMC as a volunteer and/or as a member of VSMC. Participant has executed a separate Volunteer and/or Membership Agreement with VSMC. This CDW specifically addresses the risks arising from the novel coronavirus (COVID-19) and other communicable diseases. By signing this CDW Participant agrees as follows:

1. Participant acknowledges that they understand the health risks associated with participating in volunteer-provided transportation and other VSMC services, which include potential exposure to a communicable disease such as the novel coronavirus, a virus that causes serious illness (COVID-19) and may lead to death.
2. Participant understands that "social distancing" (maintaining a minimum distance of six feet from all other people, regardless of whether or not they show symptoms of illness) is the primary method recommended by the Centers for Disease Control and Prevention to stem the spread of the virus. Participant acknowledges that safe social distancing is not possible in a private vehicle and may not be practical in other situations where a VSMC volunteer provides services to a VSMC member.
3. Participant agrees that, prior to and while participating in VSMC services, it is their responsibility to be informed about, and to take, additional available actions that are calculated to minimize exposure to and transmission of disease. Participant acknowledges that they may nevertheless be exposed to a heightened risk of contracting a communicable disease by participating in VSMC services and activities.
4. Participant agrees not to provide or accept VSMC services if participant is ill or experiences any of the symptoms associated with COVID-19 or another communicable disease. Participant agrees to notify VSMC if they experience such symptoms or illness within 14 days of participating in VSMC services. Participant consents to VSMC using this information for contact tracing and/or to alert other members, volunteers, employees, officers or agents of VSMC of their potential exposure to a communicable disease.
5. Participant understands and agrees that VSCM is not liable for any illness or death that may occur as a result of Participant's participation in VSMC services or activities. As a condition of participating in VSMC services and activities Participant, on behalf of themselves and their executors and assigns releases and forever discharges VSMC and its members, volunteers, agents, officers, and employees from any claims, demands or damages arising out of or related to Participant's actual or potential exposure to a communicable disease in connection with Participant's provision or acceptance of VSMC services.

☐ Check this box if you agree to the waiver and sign your name below.

☐ Check this box if you are not yet ready to sign the waiver and write your name below.

Print Name: _____

Signature of Participant

Date



Volunteer Agreement

This Volunteer Agreement is entered into by and between _____ (“Volunteer”) and Villages of San Mateo County (“VSMC”), a 501(c) (3) nonprofit corporation. Volunteer desires to provide volunteer services for VSMC (Mid-Peninsula Village, Sequoia Village and /or Village of the Coastsides) and to engage in activities related to serving as VSMC volunteer.

Scope of Relationship: Volunteer understands that the scope of Volunteer’s relationship with VSMC is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that VSMC will not provide any benefits traditionally associated with employment including Workers Compensation to Volunteer; and that Volunteer is responsible for their own insurance coverage in the event of personal injury, illness or accident in connection with Volunteer’s services to VSMC except to the extent insurance obtained by VSMC covers such injury, loss or damage.

Confidentiality of Member Information: In providing services to VSMC Members and/or participating in VSMC meetings or events a volunteer may learn information concerning a Member’s health, finances, family circumstances or other private matters. I understand that all such information must be treated as strictly confidential and may not be shared with any third party. I agree not to disclose such information except to alert a director, officer or other designated representative of VSMC when I believe such disclosure is required for the protection of the VSMC Member.

VSMC Policies and Procedures: I agree to familiarize myself with the policies and procedures of VSMC set forth in the VSMC Volunteer Handbook and/or other written directives and to attend training sessions organized by VSMC when requested. I shall follow such policies and procedures to the best of my ability.

Photo Release (optional, check one): I do ____ / do not ____ authorize VSMC to use on its website and in publications any photographs taken of me while I am engaged in VSMC activities. I authorize VSMC to release such photographs for publication in newspapers, magazines, and other printed material without notice or compensation to me, my heirs or assigns.

Permission to perform Criminal Background Check: I authorize VSMC to initiate a criminal background check, and to check my driving record. I understand that all information collected in my background check will be kept confidential.

Assumption of Risk: I understand that providing services to Members of VSMC as a VSMC volunteer involves a risk of injury or damage. I expressly assume the risk of injury or harm that I may incur in the course of and/or that may result from my activities as a VSMC volunteer.

Insurance: I understand that VSMC does not assume any obligation to provide me with financial or other assistance in the event I am injured or sustain any loss or damage in connection with my volunteer activities except to the extent insurance obtained by VSMC covers such injury, loss or damage. I certify that any vehicle I may use in connection with providing volunteer services carries appropriate insurance and registration.

Liability Waiver and Release: I hereby forever release and discharge VSMC, its members, employees, officers, directors, successors and assigns from any and all liability, claims or demands of any kind, in law or in equity, arising out of injury or damage I may sustain in the course of and/or that may arise as a result of the volunteer services I provide.

I agree that the provisions of this Agreement are intended to be as broad and inclusive as permitted by the laws of the State of California and that this Agreement shall be governed by and interpreted in accordance with the laws of California. I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be enforceable.

By signing this Agreement I certify that I fully understand and agree to the terms of this Agreement.

Signature of Volunteer

Date

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN BACKGROUND CHECKS ON APPLICANTS FOR EMPLOYMENT OR VOLUNTEER POSITIONS WITH “VILLAGES OF SAN MATEO COUNTY”

DISCLOSURE - *Please Read Carefully Before Signing the Authorization*

In considering you for “employment” (this term includes volunteer assignments) with Villages of San Mateo County (“the Company”), the Company may request and rely upon one or more consumer/background reports or investigative consumer/background reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr., Suite 410, Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- A consumer “background report” is a written, oral or other communication of any information by a consumer reporting agency which is used or expected to be used in whole or in part for the purpose of serving as a factor in making a decision regarding accepting you as a volunteer. Such information may include, for example, criminal history reports, or driving records.
- An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the Fair Credit Reporting Act (“FCRA”), before the Company can obtain a background report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize **Villages of San Mateo County** to obtain and rely upon consumer/background reports or investigative consumer reports about me that may be requested by or on behalf of the Company. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me with regard to employment (volunteering) with the Company.

I do _____do not_____ authorize you to contact my current employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this signed Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any background reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

- ☐ You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

We will be obtaining a consumer report from IntelliCorp Records, Inc.; 3000 Auburn Dr.; Suite 410; Beachwood, OH 44122; 1-888-946-8355. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

- The previous pages, the **Disclosure and the signed Authorization Form** will be kept on file with **Villages of San Mateo County**.
- This page, **Personal Data**, will be destroyed upon completion of the Criminal Background Report, and no hard copy or electronic record of your Social Security Number will remain in our files.

Personal Data

(Please give your legal name as it appears on driver's license or other legal documents. Not nicknames.)

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____

Previous addresses in the past 7 years (street, city, state, zip code, date range mo./yr. of residence)

Date of birth: _____ Social Security Number: **Leave this empty*** _____

Other names used (incl. maiden name), and years used:

Email address: _____

* VSMC never keeps a copy (neither paper nor electronic copy) of anyone's Social Security Number. Normally, if you were handing this form to us in person, we would ask you to fill in your Social Security Number and then after we complete your background check, we shred this page. Since you are now filling in this form remotely, we do not want you to email us your Social Security Number. Instead please fill in all of the other lines. We will need your Social Security Number to complete your background check, so we will ask you to phone the Volunteer Coordinator and tell them your Social Security Number verbally so the Volunteer Coordinator can enter it for your background check.



Volunteer Agreement for Driver Background Check

I am aware that motor vehicle reports may be obtained as part of the Villages of San Mateo County evaluation of my application and volunteer work. The reports may be produced by Villages of San Mateo County or its insurance company representative(s), and may include personal information obtained from the state motor vehicle departments, my driving record, and an assessment of my insurability for the insurance program.

By signing this letter, I hereby provide my authorization for Villages of San Mateo County or their insurance company representative(s) to procure such information and reports about me from time to time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Applicant/Employee Signature

Name as it appears on Driver License

Driver License Number/State of Issuance

Date of Birth