



Volunteer Service Provider Application

Volunteering is a wonderful way to contribute to your community. It is not necessary to be a member or be over 50 years old to volunteer. We encourage all members of the community to volunteer.

Membership and participation

Volunteers are encouraged, but not required, to become members and take part in our broad social programming. Many of our events are open to the public as well as members. Volunteers may also attend any member-only BMAV event during the first year of your service. Volunteers are also encouraged to attend any volunteer meetings and updated trainings, as well as to spread the word to friends and neighbors about volunteering with BMAV.

Background checks

Out of respect for our members, in order to become a volunteer service provider, you must first be vetted and undergo a background check. This is a simple process for most and while we appreciate you donating the cost, if you would like to be reimbursed for the fees, just let our director know.

After filling out and submitting the attached forms, you agree to submit your personal information to *Sterling Volunteers*. *Sterling Volunteers* is an outside company that performs volunteer background checks for us as well as many other organizations. The personal information you submit to *Sterling* will not be seen by BMAV.

BMAV will be notified if your background check is clear, after which you must attend a volunteer training and receive detailed guidelines before being enrolled in our database of volunteer service providers. Our volunteer trainings are currently offered via Zoom and are about 45 minutes.

How volunteering works

- You can choose how and when you want to volunteer and always have the right to turn down a request.
- BMAV does not require volunteers to take a minimum number of service requests.
- Volunteer assignments are not permanent. A volunteer may decide to stop volunteering at any time.
- We ask volunteers to inform the office if resigning or interrupting the volunteer assignment for an extended period of time.
- Auto insurance, with a minimum of \$250,000 personal liability insurance is required for volunteers providing rides. See more details on following pages.
- BMAV has a supplemental liability policy. It takes effect only if your policy does not cover the entire claim.
- Parking fees or tolls, etc. incurred while driving a member are the responsibility of the requesting member, not the volunteer.

Public acknowledgement

BMAV will highlight and celebrate contributions of our volunteers to the village, including listing your name in our annual report. If you would prefer that your name not be publicized, please let us know.

Privacy Policy

BMAV respects the privacy of its members, volunteers, officers and staff and adheres to the following privacy principles:

- Protects the confidentiality of all personal information.
- Will not give, sell or rent out personal information to third parties.
- Will delete or shred sensitive personal information once it is no longer needed, at the discretion of BMAV staff.
- Allows individuals to update or correct their personal records at their request.

Confidentiality Agreement

By signature below, I agree to protect the confidentiality of all information pertaining to any BMAV member, non-member or other volunteer or client associated with BMAV.

Liability Waiver

I acknowledge that, as a volunteer service provider, I am not an employee of BMAV and understand that I will not be paid for any work I

perform. I consent and agree to assume all responsibility for any and all risks or events of damage or injury that may occur in the course of my volunteer work and that I am volunteering at my own risk. I fully and forever release and discharge BMAV, its officers, employees, agents and successors from any loss, cost, damages or other liability that I may incur in the course of my volunteer work. By signature below, I acknowledge acceptance of this liability waiver.

Background Investigation

I understand that any person volunteering directly with individuals must undergo a criminal background investigation (CORI check). This is for the sole purpose of protecting our members by gathering accurate information in connection with volunteer services at BMAV and is strictly confidential. By signature below I acknowledge that I agree that a CORI check will be made.

Name _____ Age _____

Address _____

Male _____ Female _____ Fluent in another language _____

Email _____

Phone _____ Cell _____

Best way to contact you _____

Emergency contact information:

Name _____ Relationship _____

Phone (work/home) _____ Address _____

Do you have any physical restrictions, limitations or allergies

Do you smoke? Yes _____ No _____

Will you enter a smoker's home or car? Yes _____ No _____

Please list two references:

Name	Phone number	Relationship
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1. _____

2. _____

Supplement for Volunteer Drivers:

How long have you lived at this address? _____

Do you have a current Maryland driver's license? (Please attach a copy.)

How long have you had a driver's license? _____

Are there any restrictions on your driver's license? If yes, please explain

Have you ever had your license suspended, revoked or refused? If yes,
please explain

Name of your auto insurance company _____
Or attach copy of your insurance card.

Service categories

Please tell us which service areas you would like to volunteer to help BMAV members with: (as we have infrequent requests, we recommend checking as many as possible)

_____ transportation (rides to BMAV events and personal appointments and errands). This is our most frequent request.

_____ deliveries of groceries or prescriptions.

_____ light home "repair" - which can include lifting or moving items, unpacking groceries, assembling purchases, changing lightbulbs, and other nonspecialized tasks at home.

_____ home repair companion – providing company while a third party repairperson is in the home

_____ limited technical assistance in the home for computers and other devices (such as set up or basic troubleshooting)

_____ absent owner services outside the home such as watering plants and picking up packages - for up to three weeks.

_____ garbage/recycling can placement - pulling cans in and out on an as-needed basis, or assistance with obtaining curbside exemption from Montgomery County where appropriate

_____ limited snow removal - at stairs, porch or path to car so member can exit safely

_____ friendly phone calls or visits. This is an infrequent request. But we do have opportunities for spending time with members with dementia for non-medical respite care for primary caregivers.

_____ medical notetaking - accompanying member to doctor visits to help record notes

Do you have particular experience or expertise you will bring to this role?
(not required)

What are your expectations? What experiences do you hope to gain from volunteering with BMAV?

Is there anything else we should know to help make this volunteer experience successful for you?

I have read and understand the waivers and policies listed above. I have had my questions fully addressed and have kept a copy for my permanent personal record.

Signature _____ Date _____

Print name _____

Please return to BMAV and keep a copy for your files:

Bethesda Metro Area Village
P.O. Box 30525
Bethesda, MD 20824
or email to director@bmavillage.org