



Advocates for Conserved Elders Program

APPLICATION FOR ACE VOLUNTEER

Name _____ Date: _____

Address _____

City _____ Zip _____

Home (_____) _____ Work (_____) _____

E-Mail _____

1. Have you had any experience with an advocacy program?

Yes ____ No ____ If yes, please briefly describe: _____

2. Why would you like to be an ACE Volunteer?

3. Have you ever visited a skilled nursing or residential care facility?

Yes ____ No ____ If yes, please describe the circumstances: _____

4. Describe any personal or professional experience that you have had with ill and/or older persons: _____

5. What other volunteer assignments have you had?

6. Are you presently employed?

Yes ____ No ____ If yes, by whom and in what position? _____

7. What are your special interests, hobbies, or skills?

8. What is the highest level of education you have completed? Please check one of the following: Elementary ____ High School ____ College ____ Degree ____

Field _____ Major _____

If it is a local college or university, which one? _____

9. Do you speak any other languages besides English?

Yes ____ No ____ If yes, which languages do you speak? _____

10. Do you have transportation available for facility visits? Yes ____ No ____

If yes, do you have auto and liability insurance? Yes ____ No ____

11. Distance, or radius of service, that you are willing to travel from home/work to a conservatee? _____ miles

12. Do you foresee anything in your personal or business life that might prevent you from committing a minimum of six to 12 months to the ACE Program? Yes ____ No ____

If yes, please briefly explain: _____

13. How did you hear about the ACE Program?

14. Can you attend daytime training during the week? Yes ____ No ____

15. Can you attend weekend training? Yes ____ No ____

16. Can you commit to an average of 8 hours per month as a volunteer? Yes ____ No ____

17. Have you ever been convicted of a misdemeanor or felony? Yes ____ No ____

18. Prior to working as an ACE Volunteer, volunteers are required to be fingerprinted and to undergo background clearances.

Do you agree to participate in this process as part of the training? Yes ____ No ____

19. In case of emergency, please notify:

Name _____

Address _____

Home (_____) _____ Work (_____) _____

20. References:

Name _____

Address _____

Home (_____) _____ Work (_____) _____

Name _____

Address _____

Home (_____) _____ Work (_____) _____

Name _____

Address _____

Home (_____) _____ Work (_____) _____

By signing below, I give permission for you to call my references. I have been informed that the decision to transport seniors is not required for this volunteer position. Should I choose to do so, my car insurance will be primary in the case of an accident. I also understand that I am responsible for maintaining an active California driver's license and insurance consistent with California State law requirements.

The undersigned declares under penalty of perjury under the laws of the State of the State of California, that the foregoing is true and correct.

Signature of Volunteer Applicant

Date

Thank you for your interest in the ACE Program!

**Please return to: WISE & Healthy Aging
Advocates for Conserved Elders Program
1527 4th Street, 2nd Floor, Santa Monica, CA 90401
Phone: (310) 394-9871 x445
FAX: (310) 395-0863**