



# Volunteer Application

Senior Resources of Guilford is dedicated to serving the needs of senior citizens and their families Guilford County. Our mission is to provide a continuum of quality services and enriching opportunities which support the independent living of older adults. Out of concern for the well being of our clients and volunteers we require a completed application form for *all* volunteers. The agency welcomes volunteers of all ages.

**Please Print**

Name \_\_\_\_\_ Mr./Mrs./Ms./Dr.  
Last First Middle (Please circle one)

Address \_\_\_\_\_  
Street City State Zip

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Place of employment (present/previous): \_\_\_\_\_ Languages spoken \_\_\_\_\_

**This information is used for data purposes only. The application is confidential.**

Date of Birth \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_ Marital Status S M D W Race \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Automobile Insurance Information**

**Do you plan to drive your own car? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please complete the following)**

Driver's License No. \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Insurance Company's Name \_\_\_\_\_ If I use my personal automobile in my volunteer service, I understand I must keep automobile liability insurance in effect equal to the minimum limits required by North Carolina. **(Please initial \_\_\_\_\_).**

**I would like to help with . . . . .** *(Please check all of the activities where you could help)*

- |  |   |
|--|---|
| <input type="checkbox"/> Clerical/Office Assistance ~ Answer phones, help with mailings, data entry, filing                  | <input type="checkbox"/> Mobile Meal Delivery ~ Deliver noontime meals to older adults on weekdays                      |
| <input type="checkbox"/> Community Nutrition Activity Centers ~ Assist with activities and help serve meals                  | <input type="checkbox"/> Senior Wheels Medical Transportation ~ Drive older adults to medical appointments              |
| <input type="checkbox"/> Friendly Visitor ~ Visit older adults on a regular basis; help with errands and/or grocery shopping | <input type="checkbox"/> Special Projects ~ Holiday Activities – Fan Distribution – Income Tax Assistance – Fundraising |
| <input type="checkbox"/> Handy Helper Home Repairs ~ Help older adults complete minor repairs to their homes                 | <input type="checkbox"/> TeleCare Reassurance Program ~ Make daily telephone calls to older adults from your home       |
| <input type="checkbox"/> Health Insurance Information (SHIP) ~ Assist older adults with health insurance questions           |   |

My other areas of interest include: \_\_\_\_\_

Special skills, experiences or hobbies: \_\_\_\_\_

Current/previous volunteer service: \_\_\_\_\_

Number of years you have volunteered: \_\_\_\_\_

<b>Times Available</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>A.M.</b>							
<b>P.M.</b>							

Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

**Confidentiality**

Volunteers are responsible for maintaining confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information includes program participants, volunteers, staff members or other persons or concerns of overall agency business. Failure to maintain confidentiality will lead to termination of the volunteer’s relationship with Senior Resources of Guilford.

By signing this application, I agree to the terms of confidentiality. I also attest that the information on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**Questions?** Please call the Volunteer Coordinator at **336-373-4816** from Greensboro or **884-4816** from High Point and Jamestown. Please return your completed and signed application to: Volunteer Coordinator  
Senior Resources of Guilford  
PO Box 21993  
Greensboro, NC 27420