



# Volunteer Application

Please print legibly. Fill out front and back and return to:  
Senior Resources of Guilford PO Box 21993 Greensboro, NC 27420

## Personal Information:

Name: \_\_\_\_\_ Male   
First Middle Initial Last Female

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

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

Primary Phone: \_\_\_\_\_  Home  Cell  Work  I wish to receive

Alternate Phone: \_\_\_\_\_  Home  Cell  Work *text message updates*

E-mail address: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I wish to receive updates, news and events from Senior Resources of Guilford.

## Emergency Contact Information

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## Personal References:

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

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

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

## 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 \_\_\_\_\_).*

**Motivation:**

What brought you to volunteer with Senior Resources of Guilford? (Example: school, life transition, etc...)

**Interests**

*(Please see attached letter for descriptions for each area):*

- Meals on Wheels Delivery
- Senior Wheels Medical Transportation
- Community Nutrition Activity Centers
- Handy Helper Home Repairs
- Clerical/Office Assistance
- TeleCare Reassurance Program
- Special Projects and Fundraisers
- Evergreens Lifestyle Center
- Seniors' Health Insurance Information Program (SHIIP)

**Availability:**

Times Available	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

**Please indicate your length of desired commitment:**

- Less than three months
- Six months- year
- Three-six months
- One year or More

*I am flexible with date and times.*

**Current/Previous Volunteer Service:** \_\_\_\_\_

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

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.

**Sign & Date:**

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.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Questions?** Please call *SeniorLine* at **336-333-6981** from Greensboro or **336-884-6981** from High Point/Jamestown.