



Volunteer Application

Please print legibly. Complete front and back.

Personal Information

Name: _____ Date of Birth: _____
First M.I. Last Must be 21 years old

Male Female Other Mobile Phone: _____ Home Phone: _____

Address: _____
Number & Street City State & Zip Code

Email: _____

Special Skills/Previous Volunteer Experience: _____ Languages Spoken (Other than English): _____

How and where did you hear about us? _____

Are you volunteering as part of an organization or faith-based community? Yes No

If so, which one?: _____ Corporate Affiliation (if any): _____

Have you ever been convicted of a crime, including minor traffic violations?
 Yes No

If asked, would you agree to a background check?
 Yes No

If yes, please explain: _____

Are you applying to volunteer as part of court-appointed community service? _____

Emergency Contact Information

Personal Reference

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Areas of Interest

Please check your areas of interest below.

Meals on Wheels Delivery:

Delivery of a mid-day meal to homebound senior adults.

Delivery hours a.m. only, M-F

Senior Wheels Transportation:

Drive senior adults to non-emergency, routine medical appointments

TeleCare Reassurance Program:

Provide regular telephone wellness calls to a senior adult who is homebound, living alone, or disabled.

Evergreens Lifestyle Center:

Volunteer to greet visitors, lead a class, or help with an activity.

Volunteer Income Tax

Assistance Program (VITA):

Assist senior adults with tax return preparation (seasonal)

Seniors' Health Insurance

Information Program (SHIIP):

Provide Medicare counseling and assistance with insurance claims

Availability to Volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.					
p.m.					

Meals on Wheels delivery takes place between 8:45 a.m and 12:30 p.m. Monday through Friday only.

Are you available to fill in as a substitute as needed: Yes No

Driver Information (for Meals on Wheels/Senior Wheels volunteers only)

Please only complete this section if you will be driving your own vehicle for Meals on Wheels or Senior Wheels

Driver's License #: _____ State Issued: NC _____ Other _____

License Expiration Date: _____ Insurance Company: _____

Statement of Liability

Please initial beside each statement and sign at the bottom of the page.

_____ 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.

_____ Senior Resources of Guilford is not responsible for personal injuries or property damage suffered or caused by volunteers in connection with his or her volunteer activities. As a condition to serving as a volunteer, each volunteer is expected to maintain his or her own insurance covering these and other risks.

Confidentiality Agreement

_____ 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 concerns of overall agency business. Failure to maintain confidentiality may lead to termination of the volunteer's relationship with Senior Resources of Guilford.

Photo/Media Release

_____ I hereby voluntarily give permission for Senior Resources of Guilford to use photograph(s) or video recording(s) of me and/or use my name in a media piece, news story, or article to promote the work and programs of the agency in the community. I understand that I will not be compensated for the use of this material.

OR

_____ I do **NOT** give permission for Senior Resources of Guilford to use photographs, video recordings, or my name in any media piece, news story, or article.

Communications

_____ I consent to receive email updates from Senior Resources of Guilford. I understand I may unsubscribe at any time. ****Senior Resources of Guilford communicates with volunteers primarily through weekly emails.****

Signature & Date

By signing this application, I agree to the terms of liability and confidentiality. I also attest that the information on this form is true and accurate to the best of my knowledge. If I am submitting this form electronically, my typed name below will serve as my electronic signature.

Signature: _____ Date: _____

Please return to Senior Resources of Guilford.

in person: 1401 Benjamin Pkwy, Greensboro, NC 27408

email: volcoord@senior-resources-guilford.org **by mail:** PO Box 21993, Greensboro, NC 27420

Questions? Contact our Volunteer Coordinator at 336-373-4816 ext. 243

