



Volunteer Application

Please print legibly. Fill out front and back and return to:
Senior Resources of Guilford PO Box 21993 Greensboro, NC 27420
Email: volcoord@senior-resources-guilford.org

Personal Information

Name: _____

First Middle Initial Last

Male Female Other

Address: _____

Number & Street City State, Zip

Place of Employment (past/present): _____ Language(s) Spoken: _____

Please indicate any faith group, civic, or corporate affiliation: _____

Primary Phone: _____ Home Cell Work I wish to receive text

Alternate Phone: _____ Home Cell Work message updates

Email Address: _____ Date of Birth: _____

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

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Home Cell Work

Personal Reference

Name: _____ Phone: _____ Relationship: _____

Automobile Insurance Information

Do you plan to drive your own car? Yes No (If yes, please complete this section.)

Driver's License #: _____ License Expiration Date: _____

Insurance Company: _____ Type of Vehicle: _____

Any restrictions (other than corrective lenses)? Yes No If yes, please describe: _____

Any insurance points? Yes No If yes, please describe: _____

Would you be willing to drive in inclement weather? Yes No

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:**

Availability to Volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Are you available to fill in as a sub as needed? Yes No

Please Check Your Interest Areas

- | | |
|---|---|
| <input type="checkbox"/> Meals on Wheels Delivery
<input type="checkbox"/> Community Nutrition Activity Centers
<input type="checkbox"/> Clerical/Office Assistance
<input type="checkbox"/> Volunteer Income Tax Assistance Program (VITA)
<input type="checkbox"/> Seniors' Health Insurance Information Program (SHIIP)
<input type="checkbox"/> Refugee Outreach Program | <input type="checkbox"/> Senior Wheels Medical Transportation
<input type="checkbox"/> Handy Helper Home Repairs
<input type="checkbox"/> TeleCare Reassurance Program
<input type="checkbox"/> Evergreens Lifestyle Center
<input type="checkbox"/> Special Projects and Fundraisers |
|---|---|

Statement of Liability

Statement of Liability: 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. **(Please Initial)**

Confidentiality

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. **(Please Initial)**

Photo 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.

Yes No

Smart Device

Do you have a smartphone or mobile device with a touch screen? Yes No

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. If I am submitting this form electronically, my typed name below will serve as my electronic signature.

Signature: _____ Date: _____