



**Thank you for your interest in volunteering with Senior Services!**

**Senior Services relies heavily on a dedicated team of community volunteers to help carry out our mission.**

**Please complete this volunteer application to get started!**

*If you are a student seeking an internship, please fill out a student application.*

## Contact and Personal Information

**Please tell us a little about yourself!**

Please select a salutation: \*

First Name \*  Last Name \*

Preferred Name/Nick Name (if applicable)

Street Address \*

Address Line 2

City \*  State \*   Zip Code \*

Preferred Phone Number \*

Alternate Phone Number (optional)

Email Address \*  Volunteer's Date of Birth: \*

**Are you volunteering as a member of an organization or group? \***

- No
- Yes, which one?

**Please indicate any faith group, civic, or corporate affiliation: \***

**I am currently: \***

- Employed Full Time
- Employed Part Time
- A Homemaker
- Self Employed
- Unemployed
- Retired
- A Student, which school?

**Have you ever been convicted of a crime? \***

- No
- Yes, please describe:

## Emergency Contact

**Please let us know who we should contact in the event of an emergency.**

Please select a salutation \*

Emergency Contact First Name \*  Last Name \*

Phone Number \*

Relationship to Volunteer \*

## Availability and Preferences

Let us know when you're available to volunteer and what you'd most like to do!

Please list your skills, hobbies and interests (office, people, public speaking, technical,etc) and be as specific as possible: \*



Are you interested in volunteering with any of the following programs? Please check all that apply. \*

- Community Garden
- Friendly Visitor
- Home Visits
- In-Home Arts
- In-Home Pet Visits
- Living History Writer
- Meals on Wheels
- Office and Administration
- Speaker's Bureau
- Telephone Reassurance/Wellness Calls
- Williams Adult Day Center

**When are you available to volunteer? (Check all that apply) \***

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Please indicate the best time of day for you to volunteer \*

How many days each month are you available to volunteer? \*

**Do you have a geographic preference for volunteering? \***

No

Yes, where do you prefer to deliver?

**How did you hear about Senior Services? Please check any that apply. \***

- Community Event
- Facebook
- Friend
- Magazine
- Newspaper
- Place of Worship
- Radio
- Senior Services website
- Television
- Other website/internet
- Other

# Automobile Insurance Information

## For Meals on Wheels Volunteers Only

**All Meals-on-Wheels volunteers use their own transportation to deliver meals. Please complete the following information for the vehicle you most plan to use:**

Driver's License State: \*

Driver's License Number: \*

License Expiration Date: \*

Automobile Insurance Company's Name: \*

*If I use my personal automobile in my volunteer service, I understand that I must keep automobile liability insurance in effect equal to the minimum limits required by North Carolina (Senior Services, Inc. and its insurance provider recommend that you carry 100K/300K liability limits on your personal auto policy.) I will inform Senior Services of any future changes.*

Please indicate that you've read and agree to this statement: \*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Confidentiality Statement

**The confidentiality of clients and volunteers is very important to us.  
Please read the below statement carefully:**

*Senior Services, Inc. respects the privacy of all program participants. All volunteers are expected to maintain the confidentiality and the privacy of participant, both past and present. Information regarding any participant shall not be disclosed in a form which identifies the participant to any other person or agency. Volunteers will refrain from discussing program participants with anyone except appropriate staff.*

Sign above to acknowledge you have read and agree to the Senior Services, Inc.

Confidentiality Statement: \*

Type your name to acknowledge you have read and agree to the Senior Services, Inc.

Confidentiality Statement: \*  Today's Date: \*

## Background Screening Information and Consent

We perform background screenings on all volunteers. This section provides the information and authorization we need to run that screening.

First Name \*  Middle Name \*   
Last Name \*   
Current Address \*   
City \*  State \*  Zip Code \*   
How long have you lived at your current address? \*   
1st Previous Address \*   
City \*  State \*  Zip Code \*   
How long did you live at this address? \*   
Volunteer's Gender \*   
Volunteer's Social Security Number: \*   
Date of Birth \*  Driver's License State: \*   
Driver's License Number: \*

### VOLUNTEER AUTHORIZATION

I hereby authorize Capital Associated Industries Services ("CAI") to prepare a consumer report that may include my past and present driving records. I further authorize CAI to perform a criminal records search.

I understand that CAI does not guarantee the accuracy or timeliness of the information obtained from other sources and that CAI will not be liable for any inaccuracy in the information obtained from other sources that are included in the consumer report.

Further, I authorize other organizations to provide such information to CAI and I hereby release and hold harmless CAI as well as other organization that have provided information in connection with my consumer report.

### CONSUMER DISCLOSURE

I understand that a consumer report may be obtained from Capital Associated Industries Services Corporation for screening purposes.

Volunteer Signature \* \_\_\_\_\_ Today's Date: \*

## **Submit**

**Thank you for your interest in volunteering with Senior Services, Inc!**

**Please mail or email this completed application to:**

**Laura Garland, Volunteer Resources Manager  
2895 Shorefair Drive  
Winston Salem, NC 27105**

**lgarland@seniorservicesinc.org or  
336-721-3406.**