



**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 secure online volunteer application to get started!**

## Contact and Personal Information

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

Please select a salutation: \*

First Name \*  Last Name \*

Street Address \*

Address Line 2

City \*  State \*  Zip Code \*

Phone Number (Home) \*

Phone Number (Cell) \*

Phone Number (Work) \*

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

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

No

Yes, which one?  Yes, which one?

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

**I am currently: \***

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

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

- No
- Yes, please describe:  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 \*

Hospital preference in the event of an emergency \*

Primary Care Doctor's Name \*

Primary Care Doctor's Phone Number \*

## Availability and Preferences

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

Please list your skills and interests (office, people, public speaking, technical,etc) \*

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 \*

Would you be willing to serve as a substitute, when regularly scheduled volunteers are not available or there is an opening on a route? \*

- No
- Yes, which days?  Yes, which days?

Do you have a geographic preference for meal delivery? \*

- No
- Yes, where do you prefer to deliver?

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

- Administration
- Elder Care Choices
- Williams Adult Day Center
- Help Line
- Telephone Reassurance
- Home Care
- Living at Home
- Meals on Wheels
- Senior Lunch
- Friendly Visitor

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

- Community Event
- Friend
- Newspaper
- Radio
- Television
- Church newsletter
- Facebook
- Senior Services website
- Other website/internet
- Other

## Automobile Insurance Information

### For Meals on Wheels Volunteers Only

Do you plan to drive your own car? \*

- No  
 Yes

If you plan to drive your own vehicle when delivering Meals on Wheels please complete the following information:

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

## References

Please list the name and number of three personal references, we may contact them as part of your application process.

Reference 1 Name: \*  Phone Number: \*

Reference 2 Name: \*  Phone Number: \*

Reference 3 Name: \*  Phone Number: \*

## 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 clients. All volunteers are expected to maintain the confidentiality and the privacy of each client, both past and present. Information regarding any client shall not be disclosed in a form which identifies the client to any other person or agency. Volunteers will refrain from discussing clients 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 Social Security Number: \*   
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:**

**Sharon Kahill, Human Resources Manager  
2895 Shorefair Drive  
Winston Salem, NC 27105**

**skahill@seniorservicesinc.org or  
336-721-6905.**