

Davidson County
Department of
Senior Services



Volunteer Application packet

Please return completed application to:

Jacob Gordon
Volunteer Services Coordinator
211 West Colonial Drive
Thomasville, NC 27360

Contact information:
(336) 474-2646
Jacob.Gordon@DavidsonCountyNC.gov



**GET
INVOLVED**
Be a volunteer and reap the rewards

Adopted by the Advisory Board 05/19/14
Revised application 09/14 – Adopted by Advisory Board 09/15/14
Revised application 09/15 – Adopted by Advisory Board 09/21/15
Revised application 01/16 – Adopted by Advisory Board 02/01/16
Revised application 11/17 – Adopted by Advisory Board 11/20/17



Please return completed application to:
Jacob Gordon, Volunteer Services Coordinator
211 West Colonial Drive. *Thomasville, NC *27360
Tel: 336.474.2646 * Fax: 336.236.7521

Thessia Everhart-Roberts, B.S., M.A.
Director of Senior Services

Dear potential volunteer,

On behalf of Davidson County Senior Services, I would like to thank you for your interest in volunteering with our agency. Please complete and return the forms in this volunteer packet so your information can be processed.

Senior Services appreciates your interest in serving the older and disabled citizens of Davidson County and sharing yourself with others.

A handwritten signature in black ink that reads "Jacob L. Gordon".

Jacob L. Gordon
Volunteer Services Coordinator
jacob.gordon@davidsoncountync.gov
(336) 474-2646

Email: seniorservices@davidsoncountync.gov * Web: www.co.davidson.nc.us/seniorservices



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DAVIDSON COUNTY DEPARTMENT OF SENIOR SERVICES
PLEASE RETURN COMPLETED APPLICATION TO:

JACOB GORDON
VOLUNTEER SERVICES COORDINATOR
211 WEST COLONIAL DRIVE
THOMASVILLE, NC 27360

VOLUNTEER APPLICATION

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

When did you move to your current address? (Month and year): _____

Cell Phone: _____ Date of Birth: ____/____/____ Marital Status: _____

Spouse's Name _____ Email: _____

Would you like to be added to the agency's email list to receive information on upcoming classes, activities and events? Yes ____ No ____

How did you hear about us? _____

Please list additional addresses where you have lived in the past seven years:

Address : _____ City: _____

State: _____ Zip: _____

When did you move to this address? (Month and year): _____

Address : _____ City: _____

State: _____ Zip: _____

When did you move to this address? (Month and year): _____

Interests/ Skills: _____

Volunteer Experience: _____

Occupation: _____ Do you work full or part-time? _____ Hours Available _____

Do you have a valid Driver's License? Yes _____ No _____

Do you smoke? Yes _____ No _____

Are you willing to assist a client who smokes? Yes _____ No _____

Are you a United States citizen/legal resident? Yes _____ No _____

Volunteer's Signature

Volunteer Opportunities

Please check areas of interest

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Meals on Wheels

- Central
- Churchland
- Cotton Grove
- Denton
- Fairgrove
- Hasty
- Holly Grove
- Noahtown
- North Davidson
- Pilgrim
- Pilot
- Reeds
- Reedy Creek
- Silver Valley
- Southmont
- Tyro
- Wallburg
- West Lexington

Nutrition Sites

Includes set up for lunch, serving meals and clean up after lunch

- Thomasville
- Lexington
- Welcome
- Southmont
- Denton
- Provide activities to seniors in group settings. (crafts, speeches, music)

Office Support-Thomasville/Lexington

- Reception, phone coverage, clerical work, typing and filing
- Monthly mailings

Outreach

- Assist Marketing Coordinator promoting agency programs, activities and services
- Chorus (traveling and performing at various locations)

Senior Center Special Events - (Lexington/Thomasville/Denton)

- Room set up & decorating
- Clean up after event
- Serving food
- Entertainment
- Greet & register guests
- Other miscellaneous tasks

Davidson County Senior Games

- Senior Games Ambassador - promote Senior Games by presenting speeches, videos, etc.
- Performing Arts Follies Talent Show judge, timer, tallier, stage hand, video camera operator - Lexington
- Silver Arts - accepting art work at check in - Lexington

Davidson County Senior Centers (Lexington/Thomasville)

- Senior Center Ambassador
- Well-Wishers telephone reassurance calling to homebound seniors
- Leading/teaching arts, crafts and exercise classes
- Leading/teaching computer classes

Serve on Committees

- C.A.C. (Nursing Home & Adult Care Community Advisory Committee)
- Senior Services Advisory Board
- Davidson County Planning Committee for services to the Elderly

Community Needs

- Senior Country Store (Welcome) - volunteers will help manage the store for whole or half day shifts

Volunteer Consent for Criminal Background Check

I, _____, hereby give permission to Davidson
(full name)

County Department of Senior Services to conduct an investigation of my criminal background.

Signature of Volunteer Applicant

Date

Name _____
Last First Middle Maiden AKA

Physical address _____

Date of Birth _____

Have you ever been convicted of a misdemeanor or felony other than a misdemeanor traffic violation? Please circle Yes No

Being convicted may not prevent you from volunteering with our agency; however, it may limit your involvement in activities.

Please give the name and phone number of two references you have known for more than five years:

(1) Name: _____ Phone: () _____

Reference checked by:

(2) Name: _____ Phone: () _____

Reference checked by:

To be completed by Office Staff:

Assigned to Program(s) _____

Date Service Begins: _____

Volunteer Statement of Confidentiality

I agree to provide at least 24 hour notice to the agency if I will be unable to fulfill my commitment to volunteer (except in case of sudden illness or emergency).

Volunteers are responsible for maintaining confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer. This includes program participants, other volunteers, staff members and overall agency business. Failure to maintain confidentiality may lead to termination of the volunteer's relationship with Davidson County Department of Senior Services.

I will conduct myself in a manner that protects the privacy of the individual, this agency and the clients that are being served.

Volunteer Signature

Date

Liability Waiver

I, _____, the Volunteer, understand and acknowledge that this release discharges Davidson County Senior Services (DCSS) from any liability or claim that I may have against DCSS with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to DCSS or occurring while I am providing volunteer services.

Further I understand that DCSS does not assume responsibility for or have obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of DCSS.

I hereby release and forever discharge DCSS from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with DCSS.

By signing below, I express my understanding and intent to enter into this release and waiver of liability willingly and voluntarily.

Volunteer Signature

Date

Witness

Date

Emergency Contact:

(Person we may contact in the event of an emergency)

Phone: _____

Relation: _____

VOLUNTEER SERVICES OPERATIONS

Program Purpose

The purpose of Davidson County Department of Senior Services' Volunteer Program is to meet the needs of an aging population in a growing community. Senior Services' mission is to promote independence and assist seniors in remaining in their own homes. Volunteers are an integral part of seeing this mission fulfilled.

Confidentiality

Confidentiality with Senior Services is of the utmost importance. This is to protect the volunteers as well as the clients. Senior Services appreciates the time volunteers give to the agency, however, should confidentiality be compromised, your volunteer service will be terminated. Under strict guidelines, Senior Services is unable to share health and family situations with volunteers. Volunteers are expected to follow the same guidelines by protecting any personal information you may learn from a client as a volunteer. Client information should not be discussed among volunteers, friends, family or staff. Your professional conduct in handling these situations will be greatly appreciated.

Reference & Background Checks

Each volunteer applicant will need to provide two references they have known for more than five years. Also, a criminal background check will be conducted. In the event a felony charge is discovered on your record, your application will not be discredited without examining other ways to utilize your assistance. Information reported from background checks will be protected in ordinance with all Federal, State and County regulations.

Volunteer Orientation

The Volunteer Program hosts a mandatory orientation on the fourth Monday of each month, alternating between the Davidson County Senior Centers. Newly accepted volunteers are given an overview of the agency, an introduction to their roles, and an opportunity to meet available staff members.

Volunteer Standards

Volunteers must be eighteen years of age or older and a United States citizen/legal resident. In addition, persons volunteering to provide transportation must possess a valid driver's license, have two years driving experience and the minimum liability insurance as required by the state of North Carolina.