

Davidson County
Department of
Senior Services



Volunteer Application packet

Please return completed application
pages 4-6 to:

Chris Bitterman
Volunteer Services Coordinator
211 West Colonial Drive
Thomasville, NC 27360



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



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

Dear potential volunteer,

On behalf of Davidson County Senior Services, I welcome your interest in volunteering with our agency. The work we are involved in is vitally important to the individuals we serve, and to our county as a whole. That is why I am grateful for your desire to partner with us as we improve the quality of the lives of those we serve, and lengthen their independence.

Please complete and return pages four through six of this packet so I can begin processing your application. Volunteers facilitate the success of our endeavors, and I believe that our volunteers are some of Davidson County's finest citizens. I hope you can join this important, rewarding work, and help us enable seniors to remain independent as long as possible.

I look forward to hearing from you!

A handwritten signature in black ink that reads "Chris Bitterman".

Chris Bitterman

Volunteer Services Coordinator

chris.bitterman@davidsoncountync.gov

336.474.2646



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 non-family 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 mandatory orientations on the second and third Tuesdays 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.

Volunteer Opportunities

Please check areas of interest

Meals on Wheels

- Central
- Churchland
- Cotton Grove
- Denton
- Fairgrove
- Hasty
- Holly Grove
- 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

- 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

- 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)

- Call Bingo
- 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

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Date of Birth: ___/___/___ Marital Status: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

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

If you have been at your current address less than ten years, please list your previous address:

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Emergency Contact: _____ Phone Number: _____

Relation to Emergency Contact: _____

Do you have a valid driver's license: Yes _____ No _____

Are you a US citizen / legal resident: Yes _____ No _____

Would you like to receive Senior Services' email newsletter? Yes _____ No: _____

How would you like to receive notifications from Senior Services: Phone _____ Text _____ Email _____

REFERENCES

Give the name and phone number of two individuals that you have known for more than five years, and who are not related to you:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

CONSENT FOR CRIMINAL BACKGROUND CHECK

Were you ever convicted of a misdemeanor / felony other than a traffic violation: Yes _____ No _____

A conviction may not prevent you from volunteering with our agency; however it may limit your involvement in some activities.

By signing at the bottom of page 6, I understand and willingly give permission to Davidson County Department of Senior Services to conduct an investigation of my criminal background.

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.

By signing at the bottom of this page I understand and willingly agree to abide by this Statement of Confidentiality.

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