



VOLUNTEER ACKNOWLEDGEMENT AGREEMENT AND RELEASE

To ensure the delivery of caring, quality services to Care Receivers, as a volunteer and in return for good and valuable consideration, including the opportunity to serve my community as a volunteer, the receipt of which is hereby acknowledged, I AGREE TO the following Standards of Conduct:

1. I will follow Orange County and its Department on Aging Policies and Procedures as outlined in the Volunteer Guidelines which are incorporated herein by reference.
2. I will be punctual and dependable on my assignments. If I am unable to fulfill an assignment, I will notify my Program Coordinator* as far in advance as possible.
3. **I will not render any unauthorized services, such as filling out legal forms, making financial decisions, assisting Care Receivers with bathing, dressing, feeding, toileting, dispensing medication, lifting to/from wheelchairs and beds, or any other activities which should be conducted by a licensed healthcare professional, family member, or legal guardian. If undertake such activities, I will be solely liable for any consequences that arise out of such prohibited activities and I waive any and all, and shall have no, recourse against Orange County, its Department on Aging, its officers, employees, agents, or assigns for any compensation, costs, damages, reimbursement, or legal representation.**
4. I will keep confidential at all times, both during and after my involvement as a volunteer, any personal information I receive or have access to about a Care Receiver or his/her situation.
 - a. I shall express reservations or concerns about an assignment only with my Program Coordinator or the Orange County – Department on Aging staff and *NOT* with other people.
 - b. I shall promptly report any unusual or unexpected incidents related to my assignment.
 - c. I shall promptly report mistreatment of older adults and adults with disabilities and shall fully cooperate with any law enforcement or Department of Social Services investigation of same.
5. I will understand and respect people of different backgrounds, family situations, values, and spiritual beliefs. I understand that the volunteer role does not include witnessing or proselytizing.

6. I will honor the importance of communication with my Program Coordinator and the Orange County – Department on Aging including the following:
 - a. Promptly return emails and phone calls.
 - b. Keep the Orange County – Department on Aging updated on my current address, phone number, and email address.
 - c. Accept only those assignments that come through my Program Coordinator
 - d. Refer all requests for services to my Program Coordinator.
7. I will submit monthly timesheets in the format reasonably requested by the Orange County – Department on Aging Program Coordinator which describes the volunteer service I have rendered.
8. I give The Orange County – Department on Aging permission to speak with references I have provided and by way of signing this Volunteer Acknowledgement and Release authorize references I have provided to speak with the Orange County – Department on Aging.
9. I understand that, as a condition of my consideration for acceptance as a volunteer with Orange County – Department on Aging, or as a condition of my continued acceptance with the Department on Aging Orange County may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness. I hereby authorize and consent to Orange County’s procurement of such a report. I understand that upon my request Orange County will provide me with a copy of any such report if the information contained in such report is, in any way, used in making a decision regarding my fitness or acceptance as a volunteer with the Department on Aging.
10. I will keep current at all times my North Carolina Driver’s License, Automobile Liability Insurance Policy/Registration/Inspection and I will update the Orange County – Department on Aging each time either is renewed.
11. I understand that acceptance as a volunteer for the Orange County – Department on Aging is contingent upon satisfactory completion of all pre-match procedures which include, but may not be limited to, an interview, verification of references, criminal background investigation, and orientation.

*Program Coordinator is the “Transportation Specialist” with the Orange County – Department on Aging.

With my signature: I acknowledge that the information contained in my application is correct and complete to the best of my knowledge; my volunteer responsibilities have been explained to me and I agree to fulfill them to the best of my ability; and I fully agree to the RELEASE contained herein.

Volunteer Driver Signature: _____ Date: _____

Please PRINT Name: _____

Created by 1/2015 E. Nilsen

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