

Volunteer Connect 55+ Registration



Updated 4/30/19

Today's Date: _____

Directions: Please complete both pages of this form, and bottom of pg. 2 for submission instructions.

VC55+ Mission: *To foster a meaningful, peer-to-peer older adult volunteer program in Orange County based on each participant's skills, passions, and talents in order to promote healthy aging, sense of purpose, and high quality of life for all of Orange County's older adults.*

Contact Information

Name (Print) / DOB	Last:	First:	Date of Birth:		
Address	City:		St:	Zip:	County:
Phone / Email	Home:	Cell:	Email:		
Preferred contact method? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell <input type="checkbox"/> Email					

Demographic Information for Funding

We ask the following information so that we can provide accurate data about our volunteer pool to our funders. All personal information is kept private and confidential and will not be used to discriminate against anyone. VC55+ does not discriminate against anyone on the basis of race, religion, gender, age, national origin, sexual orientation, or disability.

Gender: Male Female

Ethnicity: Hispanic Non-Hispanic

Choose the one Race category that most closely represents your background:

American Indian or Alaska Native, Asian Black or African American

Native Hawaiian or Other Pacific Islander White Other

Military Vet: Yes No

Emergency Contact & Special Considerations

Name	
Phone	
Relationship	

Do you have any physical condition to consider in arranging your volunteer assignment? Yes No

If yes, what do we need to consider? _____

Availability

When are you available to volunteer? Mornings Afternoons Evenings Weekdays Weekends

How many months do you anticipate volunteering? _____

How will you travel to your volunteer location? My Car Bus Other Transportation _____

How Did You Hear About Us?

- Another volunteer Hands on Triangle website or referral Senior Center
 Senior Times Newspaper Staff Member: _____ Department on Aging Website
 Word of Mouth Other _____ Department on Aging Listserv
(over)

Special Skills, Training, Passions, and Interests

Summarize the **special skills and qualifications you have acquired** from employment, previous volunteer work, or through other activities, including hobbies. Please **emphasize the type of work you enjoy most and any skills you would like to gain** through your volunteer experience with VC55+.

Volunteer Opportunity Selection

____ I'd like to review the various available opportunities with VC55+ staff, and would like the VC55+ staff to recommend positions that would best fit my interests and skillset, or the positions that are in the most need of current volunteers.

and/or

____ I know where I'd like to volunteer (see Volunteer Handbook for complete descriptions and page three of this application for a listing of opportunities). Please list the **positions you are interested in**:

Agreement and Signature

By signing below, I affirm that the facts set forth here are true and complete. I consent to a background check if required for my position at anytime during my volunteer service (separate form required). I agree to abide by the Volunteer Code of Ethics (Volunteer Handbook, Page 5), including protecting the confidentiality of the recipients of volunteer services.

Name (printed) / Date	
Signature	

How to Record Volunteer Hours?

See your Contact Person for the appropriate method to report your volunteer hours, either via a Site Form or by using the Lobby Book at either Senior Center.

To submit your application, please email or fax it, or drop it off at either Senior Center:

Alison Smith, Volunteer Coordinator:

Email: alsmith@orangecountync.gov **Phone:** (919) 245-4241 **Fax:** (919) 968-2093

Seymour Center

< OR TO >

Passmore Center

2551 Homestead Road
Chapel Hill, NC 27516

103 Meadowlands Drive
Hillsborough, NC 27278

www.orangecountync.gov/aging/267/About-Volunteer-Connect-55

Volunteer Code of Ethics

VC55+ recognizes the critical role of its volunteers, and is extremely grateful for their dedication, their time and their skills. VC55+ accepts the service of all volunteers with the understanding that such service is at the sole discretion of the organization. As a VC55+ volunteer, you agree to:

- Perform your service to the best of your ability, with the volunteer recipient's interests as your primary focus.
- Avoid activity construed as conflict of interest, including accepting loans or gifts of monetary value from the volunteer recipients, or marketing your business in any way to volunteer recipients (giving out its information or wearing anything that identifies your business).
- Refrain from offering medical, legal, or financial advice to volunteer recipients, unless specifically part of your volunteer role.
- Respect the cultural, religious and political views of volunteer recipients, and refrain from imposing your cultural, religious and political views on volunteer recipients.
- Abide by the Confidentiality Policy as outlined below.

Confidentiality Policy

In the course of their daily activities, VC55+ volunteers will be in personal contact with volunteer recipients. This often necessitates the sharing of private information concerning the recipients.

All volunteers are required, as a condition of volunteerism, to abide by the following policy concerning confidential information or activities in connection with the performance of each individual's service. This policy is binding for all volunteers:

Volunteers shall observe, maintain and protect confidentiality of volunteer recipients. All information concerning any VC55+ volunteer recipient is strictly confidential. This includes name, address, phone number, living condition/circumstances, income/financial status and physical condition. Volunteers shall avoid sharing with anyone, information that identifies the volunteer recipient, including sharing their photo without their express permission. The services received by volunteer recipients and other similar information are also confidential.

I agree to abide by the Volunteer Code of Ethics and the Confidentiality Policy. I will consult with my site supervisor, the VC55+ Volunteer Coordinator, or the VC55+ Manager if I have questions or need clarification:

Name (print)	Date:
Signature	