

REFERRED TO:  Dept on Aging \_\_\_\_\_  VITA \_\_\_\_\_  HOT

**VOLUNTEER CONNECT 55+ REGISTRATION** 5/04/15 vh

Seymour Center-Volunteer Connect 55+  
2551 Homestead Road  
Chapel Hill NC 27516

Phone: (919) 245-4240 Fax: (919) 968-2093  
Email: Director Kathy Porter, [kporter@orangecountync.gov](mailto:kporter@orangecountync.gov)  
Web: [www.orangecountync.gov/aging/volunteerconnect55](http://www.orangecountync.gov/aging/volunteerconnect55)

**Directions:** (1) Please complete both sides of this form then submit this form to the VC55+ office. (2) Contact the volunteer office to speak with a Volunteer Coordinator. (3) For more information, visit our website. (4) Some information is required so we can provide accurate information about our volunteer pool to our funders. (5) VC 55+ does not discriminate on the basis of race, color, sex, sexual orientation, religion, age, national origin or physical handicap in volunteer opportunities.

E-Mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_  
Name (print) \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Phones: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

1. Describe any volunteer experience you have or experience working with older adults or aging.
2. Describe the type of work you enjoy.
3. List any special skills, training or hobbies.
4. What do you want to get out of your volunteer experience?
5. When are you available to volunteer?
6. Length of time you can commit
7. Do you have any physical condition to consider in arranging your volunteer assignment?  Yes  No
8. How will you travel to your volunteer assignment?  My Car  Bus  Other Transport
9. Desired Location:  
 Central Orange Senior Center (Hillsborough)  
 Seymour Center (Chapel Hill)  
 Dept on Aging community programs  
 Other Nonprofit Agency or Not Sure \_\_\_\_\_
10. How did you hear about us?  
 Another Volunteer  Staff Specify name \_\_\_\_\_  
 [HandsOnTriangle.org](http://HandsOnTriangle.org) website or referral  VC 55+ web site  
 Senior Center information  Word of mouth  
 Senior Times Newspaper  
 Other \_\_\_\_\_

**PLEASE COMPLETE THE BACK PAGE**

**11. What Skills Would You Like to Use or Develop?**

**SPECIAL FOCUS AREAS**

- \_\_\_ Income Tax Team Program Opportunities:  
Tax Preparation & Quality Review, Site Administration, Transmitters, Telephone Team (make appointments or reminder calls), Statisticians
- \_\_\_ Miss Daisy Driving Team (on call)
- \_\_\_ Neighborhood Connections Team

**ARTS**

- \_\_\_ Music - background music
- \_\_\_ Entertainment / Performing Arts – stage (sing, play music, dance, act)

**BUSINESS**

- \_\_\_ Accounting
- \_\_\_ Administration
- \_\_\_ Boards / Committees
- \_\_\_ Clerical Work Team
- \_\_\_ Computer Maintenance/Technical
- \_\_\_ Data Entry
- \_\_\_ Fundraising Support \_\_\_ Grant Writer
- \_\_\_ Greeter
- \_\_\_ Mailings or \_\_\_ Phone Calls
- \_\_\_ Marketing / Publicity
- \_\_\_ Organization
- \_\_\_ Program Planning
- \_\_\_ Write / Edit

**COMMUNITY**

- \_\_\_ Crisis Management
- \_\_\_ Distribution of Senior Times newspaper
- \_\_\_ Friend or Home Visitation
- \_\_\_ Front Desk
- \_\_\_ Senior Assistance

**EDUCATION**

- \_\_\_ Disaster Relief / Emergency Preparedness
- \_\_\_ English as a Second Language Coach or Assistant:  
Conversation Lab OR Chinese ESL Class Coach
- \_\_\_ Financial Literacy or Budget Making
- \_\_\_ Interpreters \_\_\_\_\_ which language?
- \_\_\_ Mentoring
- \_\_\_ Music and Memory / Memory Screeners Team
- \_\_\_ Research
- \_\_\_ Speak Another Language? Specify \_\_\_\_\_
- \_\_\_ Speak / Lecture
- \_\_\_ Teach Your Specialty at a Senior Center (computer classes, exercise...)  
\_\_\_\_\_ topic(s) of interest

**HEALTH**

- \_\_\_ Blood Pressure
- \_\_\_ Exercise
- \_\_\_ Medicare / Insurance Consultation Counseling (SHIIP)

**HOME / GARDEN**

- \_\_\_ Garden Planning or Projects
- \_\_\_ Handyman Projects

**OTHER INTERESTS OR SKILLS**

\_\_\_\_\_  
\_\_\_\_\_

|  |   |              |      |
|--|---|--------------|------|
| <b>FOR OFFICE USE ONLY (please circle)</b> |   |              |      |
| Race:                                      | American Indian or Alaska Native          |              |      |
|  | Asian                                     |              |      |
|  | Black or African American                 |              |      |
|  | Native Hawaiian or Other Pacific Islander |              |      |
|  | White                                     |              |      |
|  | Other _____                               |              |      |
| Sex:                                       | Male                                      | Female       |      |
| Ethnicity:                                 | Hispanic                                  | Non-Hispanic |      |
| Disability:                                | Yes                                       | No           | Type |

**As a Volunteer Connect 55+ Volunteer, I understand and agree to the following (PLEASE INITIAL):**

- \_\_\_ The above information may be disclosed to any party with legal and proper interest.
- \_\_\_ I agree to a background check if required at any time during my volunteer service (separate form required).
- \_\_\_ My photo may be used for Dept on Aging-related purposes.

Volunteer's signature \_\_\_\_\_ Date \_\_\_\_\_ VC55+ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_