

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:** Please complete both sides of this form then submit this form to the VC55+ office. Contact the volunteer office to speak with a Volunteer Coordinator.

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

1. 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. VC 55+ does not discriminate against anyone on the basis of race, religion, gender, age, national origin, sexual orientation, or physical handicap.

**Birth Date:** \_\_\_\_\_

**Gender:**  Male  Female

**Ethnicity:**  Hispanic  Non-Hispanic

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

2. Describe any volunteer experience you have or experience working with older adults or aging.

3. Describe the type of work you enjoy.

4. List any special skills, training or hobbies.

5. What do you want to get out of your volunteer experience?

6. When are you available to volunteer?

7. Length of time you can commit

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

9. How will you travel to your volunteer assignment?  My Car  Bus  Other Transport

10. Desired Location:

- Central Orange Senior Center (Hillsborough)
- Seymour Center (Chapel Hill)
- Dept on Aging community programs
- Other Nonprofit Agency or Not Sure \_\_\_\_\_

**PLEASE COMPLETE THE BACK PAGE**

Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

11. How did you hear about us?

- Another Volunteer
Staff Specify name
HandsOnTriangle.org website or referral
VC 55+ web site
Senior Center information
Word of mouth
Senior Times Newspaper
Other

12. 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
Senior Assistance
Friend or Home Visitation
Front Desk

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

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

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 \_\_\_\_\_