



VOLUNTEER ACKNOWLEDGEMENT AND AGREEMENT

To ensure the delivery of caring, quality services to Care Receivers, as a volunteer I AGREE TO the following Standards of Conduct:

1. I will follow the Orange County – Department on Aging Policies and Procedures as outlined in the Volunteer Guidelines.
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 I undertake such activities, I will be solely liable for any consequences that arise out of such prohibited activities and I shall have no recourse against the Orange County – Department on Aging for any compensation, 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 received 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.
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:
 - a. Speak with references I have provided.
 - b. Investigate my police, court, and driving background. The disclosure will not result in an automatic disqualification from volunteer service, but will be considered in relation to the work I will be doing.
9. 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 with each time either is renewed.
10. 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.

Signature: _____ **Date:** _____

PRINT Name: _____

Print, sign, and return to Eileen Nilsen: 2551 Homestead Rd., Chapel Hill, NC, 27516, or email to: enilsen@orangecountync.gov

Created by 1/2015 E. Nilsen
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