

# Volunteer Connect 55+ Registration



**VC55+ Mission:** Volunteer Connect 55+ seeks to enrich the lives of Orange County residents, by engaging our residents as volunteers and/or as recipients of volunteer services. The VC55+ peer-to-peer and intergenerational engagement models encourage enduring and authentic connections between community members to ensure our residents who are aged 55 and older are aware of, engaged in and benefit from the services we provide.

**Directions:** Please complete front & back pages.

**Today's Date:** \_\_\_\_\_

## Contact Information

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

## Demographic Information for Funding (optional)

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 **Military Vet:**  Yes  No

**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

## Emergency Contact & Special Considerations

<b>Name</b>	
<b>Phone</b>	
<b>Relationship</b>	

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 Information  
 Senior Times Newspaper     
  Staff Member; Name \_\_\_\_\_     
  Department on Aging Website  
 Word of Mouth     
  Other \_\_\_\_\_     
  Department on Aging Listserv

(over)

## Special Skills, Training, Passions, and Interests

Please 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+.

Please include any **Current** certifications or licenses you hold.

## 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 page three of this application for a listing of opportunities). Please list the **positions you are interested in:**

## 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 (either a pink Individual Hours Form or a specific Site Form) by the front door of either Senior Center.**

## Agreement and Signature

By signing below, I affirm that the facts set forth in it are true and complete. I consent to a background check if required for my position at any time during my volunteer service (separate form required).

Name (print)	Date:
Signature	

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

**Bobby Cobb**, Volunteer Coordinator

**Email:** [bcobb@orangecountync.gov](mailto:bcobb@orangecountync.gov)

**Phone:** (919) 245-4241

**Fax:** (919) 968-2093

**Seymour Center**  
2551 Homestead Road  
Chapel Hill, NC 27516

<OR TO>

**Passmore Center**  
103 Meadowlands Dr.  
Hillsborough, NC 27278

OR [www.orangecountync.gov/aging/volunteerconnect55](http://www.orangecountync.gov/aging/volunteerconnect55)

## List of Volunteer Opportunities

See list of the available volunteer positions through the Volunteer Connect 55+ Program.

## 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 acknowledge that I have completed the VC55+ orientation and I agree to abide by the Volunteer Code of Ethics and the Confidentiality Policy and all other policies and procedures. I agree that additional trainings might be required and VC55+ has the right to amend or add any additional policies and procedures. 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	