

Office Use Only:  Placement: \_\_\_\_\_  Referral: \_\_\_\_\_ Date: \_\_\_\_\_

# Volunteer Connect 55+ Registration



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

- ▶ **VC55+ Mission:** 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.

## 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  Other \_\_\_\_\_

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

## 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 any time during my volunteer service (separate form required).

Name (printed) / Date	
Signature	

## How to Record Volunteer Hours?

See your Site Placement Supervisor for the appropriate method to report your volunteer hours.

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

Samantha Pell, VC55+ Volunteer Coordinator:

Email: [spell@orangecountync.gov](mailto:spell@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

## List of Volunteer Opportunities

See list of the available volunteer positions accessible via the Volunteer Connect 55+ Program Opportunities List.

## 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, maintaining the volunteer recipient's interests and Orange County Department on Aging and Volunteer Connect 55+'s policies as your primary focus.
- ▶ Perform only those services and/or responsibilities described or outlined within each volunteer placement scope.
- ▶ Avoid activity construed as conflict of interest, including accepting loans or gifts of monetary value from the volunteer recipient, or marketing your business in any way to volunteer recipients.
- ▶ Refrain from offering medical, legal, or financial advice to volunteer recipients.
- ▶ Respect the cultural, religious and political views of the recipient and refrain from imposing your cultural, religious, and political views on volunteer recipients.
- ▶ Abide by the Confidentiality Policy as outlined.
- ▶ Failure to adhere to the Volunteer Code of Ethics Policy could result in termination of volunteer service with Orange County Department on Aging and Volunteer Connect 55+.

## 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 the confidentiality of volunteer recipients. This includes, but is not limited to; name, address, phone number, living condition/circumstances, income/financial status and physical condition. **Any** information concerning a VC55+ volunteer recipient shall only be shared with authorized personnel. Volunteers shall avoid sharing information that identifies the volunteer recipient, including sharing their photo without their express permission, with anyone who has not been identified as authorized personnel. 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 procedure. Failure to adhere to the policies and procedures may result in termination of my volunteerism. 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	