



## Adult Volunteer Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_  
Street &/or PO Box City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you volunteering for school or civic group credit? If yes, explain: \_\_\_\_\_

Have you ever been convicted of felony, misdemeanor, or any other criminal offense, other than minor traffic violation?  No  Yes, please explain \_\_\_\_\_

Are you a court ordered Community Service Volunteer? ?  No  Yes, please explain \_\_\_\_\_

## SKILLS, TALENTS AND INTERESTS

List specific skills, talents, hobbies or interests that you are willing to share in your volunteer service.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

## EMPLOYMENT INFORMATION

\_\_\_\_ RETIRED \_\_\_\_\_ NOT EMPLOYED

EMPLOYED BY: Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone: \_\_\_\_\_

Work Schedule (days and hours) \_\_\_\_\_

Duties: \_\_\_\_\_

## School or Group Contact (If appropriate)

School or University: \_\_\_\_\_

Teacher (Name and Title): \_\_\_\_\_  Day Phone No. : \_\_\_\_\_

Course of Study: \_\_\_\_\_

## AVAILABILITY

When are you available to volunteer: Days: \_\_\_\_\_ Hours: \_\_\_\_\_



## VOLUNTEER AGREEMENT

I understand that my involvement with The Center is purely voluntary and I may withdraw from the activity at any time.

I understand that as a volunteer, I am not an employee under any federal or state law and I am not subject to worker's compensation insurance in the event of any injury or illness related to the performance of the activities, or entitled to any other employee right or employee benefit provided by organizational practice, policy, or state or federal law.

I hereby release Gaston County, its officers and management, from any and all liability resulting from claims of illness or injury, claims for compensation including minimum wage and overtime, and claims for employee benefits during or after the performance of my volunteer services.

\_\_\_\_\_  
Volunteer PRINT Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
date

## CONFIDENTIALITY AGREEMENT

I understand that I have an obligation to safeguard all information to which I have access and I am prohibited from sharing confidential information with other volunteers, participants and anyone outside of the Center. Sharing confidential information about a participant with someone who does not need to know is illegal. The Health Insurance and Portability and Accountability Act (HIPAA) make sure that medical information is protected. A violation of HIPAA privacy rule carries heavy civil and criminal fines.

Confidential Information includes but is not limited to:

**medical information, financial information, family information, behaviors observed and even the fact that the participant attends the Center.**

I understand that unauthorized disclosure confidential information will result in my dismissal from the volunteer program and may include legal ramifications for my actions.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
date



(704) 922-4422  
 (704) 922-4020 Fax

**AUTHORIZATION AND RELEASE TO OBTAIN CRIMINAL RECORD**

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, local laws and authorities having jurisdiction, I hereby authorize and permit **Gaston County** to obtain the following:

- 1. criminal record check

I agree that a copy or facsimile of this authorization has the same effect as an original.

I understand and acknowledge that I may request a copy of my criminal record check from the reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **Gaston County** and its agents to obtain and prepare a criminal record check as set forth above, as part of its investigation of my volunteer service. This authorization shall remain in effect over the course of my volunteer service. Reports may be ordered periodically during the course of my volunteer service. **NOTE:** Except for those states where an annual release is required, i.e. California (CALIFORNIA - Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered CA Civ. Code 1786.22)

Signed: \_\_\_\_\_

**Personal Data**

Full Name: \_\_\_\_\_  
   First  Middle  Last

\_\_\_\_\_

\_\_\_\_\_ List previous Names used including Maiden Names.

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_ optional

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DRIVER LICENSE NUMBER & STATE ISSUED \_\_\_\_\_

DEPARTMENT: DHHS – SOCIAL SERVICES DIVISION

REQUEST ONLY CRIMINAL RECORD FOR VOLUNTEERS



## VOLUNTEER HEALTH INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

**In case of Emergency Notify (primary contact):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**In case of Emergency Notify: (secondary contact)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

1. Any chronic illnesses or conditions that you think The Center should know? Please explain.

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

2. Any physical limitations that The Center should consider when determining your volunteer assignment?

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

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_