

**Service Volunteer Application**

**Please mail completed application to DVN c/o Ellen Giduz, P.O. Box 443, Davidson, NC 28036 or email it to** [**elgiduz@gmail.com**](mailto:elgiduz@gmail.com) **or leave it for Ellen Giduz the Davidson Public Library. Thank you!**

We’re delighted that you are interested in volunteering with the Davidson Village Network (DVN), and we appreciate your willingness to share your time and skills to improve the lives of our members. The Davidson Village Network is a non-profit organization dedicated to enhancing the lives of its members through a menu of services and programs enabling them to live healthy, meaningful lives in their own homes and communities.

Volunteers are critical to the success of DVN. The more we know about you, the more we can ensure that your volunteer experiences are meaningful and of value. Please feel free to provide any supplemental information on the back of this form. We look forward to speaking with you.

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

Last Name First Name Middle Name Preferred First Name

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

Other legal names used, e.g. legal name changes

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

Address City Zip Code

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

Phone Email

What is generally the best way to reach you? \_\_\_\_\_\_Phone \_\_\_\_\_\_Email

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# AVAILABILITY

What volunteer time would you be comfortable giving to DVN? Check all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | Yes | If Yes, any additional qualifiers/restrictions: |
| Ad hoc assignments arranged ahead of time? |  |  |  |
| Regular time slot(s), weekly/bi-weekly/monthly, etc.? |  |  |  |
| “On call” as available? |  |  |  |

**Specific availability will be established directly with you after your application is approved. We prefer that you fulfill a minimum of two service requests per month.**

# SKILLS AND INTERESTS

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | Yes | If Yes, please describe: |
| Have you ever worked with seniors? |  |  |  |
| Do you have any other volunteer commitments? |  |  |  |
| Are you a member of any community organizations that you would care to mention? |  |  |  |
| If you have a special skill or interest (e.g. yoga or current events) that you would be willing to share with Members in a larger setting, please list them. |  |  |  |
| Do you speak other languages? If so, what are they? |  |  |  |

# SERVICE ACTIVITIES

Please check any of the services listed below that you would like to provide.

|  |  |
| --- | --- |
| **Transportation**  Driving to & from the store  Driving to & from appointments  Driving to & from personal activities  Driving to & from DVN events | **Companionship**  Daily / Periodic phone checks  Friendly visits  Reading aloud  Accompanying to social activities |
| **General Personal Services**  Occasional light cooking  Meal delivery  Occasional pet care  Decluttering / Organizing on a small scale  Walks / Light Exercise | **Simple Home Maintenance**  Occasional light cleaning / housework  Light yard work / Gardening  Changing hard to reach bulbs  Hanging pictures  Use of indoor ladders  Mattress turning  Simple repairs  Moving outdoor furniture |
| **Running Errands**  Grocery shopping  Picking up prescriptions  Other errands, e.g. dropping off or picking up  dry cleaning, library books, packages, etc. | **Events**  Help with planning, check in, set up and clean-up for DVN social events  Present a program or class  Lead an activity  Recruit program presenters |
| **Technical Assistance**  Set up / program cell phone and other gadgets  Provide basic computer assistance | **Be a Service Volunteer Assistant**  Data entry  Answer phone & relay information / messages  Monitor & respond to messages  Make volunteer assignments  Assist with volunteer intake  Train volunteers  Coordinate Service Volunteers |

**Are there any types of volunteer activities you would prefer to avoid?**

There are also other volunteer opportunities with DVN. These positions are for volunteers who do not provide direct services to members, but rather assist the organization in some way. Check any that interest you and we will refer you to the right person to talk to.

* Membership Volunteer
* Grant Writer
* Marketing Volunteer
* Fund-Raising Volunteer
* Secretary to the Board of Directors

**Are there other services you would like to provide that you don’t see listed? If so, please jot them down here.**

# DRIVING (If not volunteering to drive, you may skip this section)

To transport DVN members, you must maintain a valid North Carolina driver’s license and vehicle registration, maintain automobile insurance coverage, and sign and agree to the Volunteer Driver Policy.

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

Driver’s License # Auto Insurance Carrier

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

Auto Insurance Policy # Amount of liability coverage

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
License plate number and expiration date Date of last NC safety & emissions inspection

Are you willing to drive another person’s car? Yes\_\_\_\_ No\_\_\_\_

I agree to drive safely, to obey all traffic laws and to be free of the influence of alcohol or drugs when I transport DVN Members or Volunteers. In the event of an accident while driving a Member or Volunteer, I agree to submit to a drug and/or alcohol test if requested.

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Signature Date Witness

# VOLUNTEER PRIVACY INFORMATION AND RELEASE AUTHORIZATION FOR BACKGROUND CHECKS

Please read the following carefully:

***Application information***

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

***Background investigation***

I understand, in consideration of my application, a background investigation will be conducted. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, or reference verification. Drug screening may be performed if I have an accident while driving for Davidson Village Network. I authorize Davidson Village Network to conduct the background investigation and release Davidson Village Network from responsibility for this investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Davidson Village Network.

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | Yes | If Yes, please explain: |
| Have you ever been convicted of a criminal offense? |  |  |  |

I have read and understand the above and by my signature, I consent to these statements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Applicant Signature Date**

**If under 18, parent or guardian must give permission:**

I give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to serve as a volunteer in the Davidson Village Network according to all applicable policies set forth in this agreement.

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

Signature Date

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

Printed Name Relationship

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