



Volunteer Application

Date _____

Full Name _____ DOB _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Cell Phone: _____ Home Phone: _____

Please notify your references about your interest in volunteering for Village Friends.

1. Name: _____ Phone: _____

Address: _____

Email: _____

Relationship: _____

2. Name: _____ Phone: _____

Address: _____

Email: _____

Relationship: _____

3. Name: _____ Phone: _____

Address: _____

Email: _____

Relationship: _____

Please list and describe briefly any previous volunteer or work experience.



Volunteer Emergency Contact

VOLUNTEER NAME: _____

EMERGENCY CONTACT INFORMATION

CONTACT'S NAME: _____

CONTACT'S RELATIONSHIP TO VOLUNTEER: _____

CONTACT'S ADDRESS: _____

CONTACT'S PHONE

HOME: _____

WORK: _____

CELL: _____

CONTACT'S E-MAIL ADDRESS: _____



Volunteer Interests

Volunteer Name: _____

Services provided by Village Friends' volunteers fall into several categories. Most categories involve providing service tasks to its members. However, some tasks involve providing services to the organization itself. *Mark the tasks below that you are interested in providing.*

- *Publicity*
 - Marketing activities
 - Slideshow presentations
 - Fundraising activities
 - Event coordinator
 - Social media promotion
 - Writing/editing articles
- *Transportation*
 - Grocery shopping
 - Medical appointment
 - Trips to OLLI
 - Trips to VF events
 - Salon
- *Office Work*
 - Filing forms
 - Organizing files
 - General office tasks
- *Personal visits*
 - Home
 - Hospitals
 - Physical activities?
- *Temporary Housekeeping*
 - Simple cleaning
 - Porches/walkways
- *Deliveries*
 - Groceries
 - Meals
 - Library books
 - Medications
 - Others
- *Technology Assistance*
 - Internet setup
 - Cell phone setup
 - Home phone setup
 - TV remote control
- *Minor Home Maintenance*
 - Home repairs
 - Upkeep
 - Yard care
- *Phone Calls*
 - Status check (well-being)?
 - Event notifications
- *Temporary Pet Care*
 - Providing food and water
 - Visits to veterinarian

Please list anything that might affect your volunteering opportunities; such as certain physical/mobility limitations; you reside in the Auburn-Opelika area only part-time, or travel frequently for long periods; you suffer from allergies (dogs, cats, dust); etc.



Confidentiality Agreement

During the course of your activity with Village Friends, you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accord with VF policies and procedures. In order for VF to properly assist members and engage in successful business planning, certain information must remain confidential. Improper disclosure of confidential information can cause several consequences to VF.

Confidential information includes, but is not limited to:

1. Medical and certain other personal information about members.
2. Reports, policies and procedures, marketing or financial information, and other information related to the business of services of VF which has not previously been released to the public at large by a duly authorized representative of VF organization.

If you have any questions at any time concerning the confidentiality or disclosure of information, you should contact a board member of VF at (334) 209 – 4641.

By initialing each section below and signing this Confidentiality acknowledgement, you agree that:

- _____ 1. I will only access business information for which I have a legitimate business.
- _____ 2. Medical information is confidential and my access is restricted to my legitimate _____ medical need to know in regard to diagnosis, treatment and cared of a particular member.
- _____ 3. I am obligated to hold confidential information in the strictest confidence.
- _____ 4. I will not disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of VF.

I have read and understand this confidentiality agreement, and have had my questions fully addressed. I agree to be permanently bound by the terms of this agreement.

Signature _____

Date _____