

Volunteer Application



Name _____

Address _____

City/Town _____ State _____ Zip code _____

Primary phone () _____ - _____ Other phone () _____ - _____

Email address _____

Emergency contact person name _____ Relationship _____

Primary phone () _____ - _____ Other phone () _____ - _____

1. Do you speak any languages other than English? Please list language(s).

2. Tell us about your work experience, including paid and volunteer positions. *If you are currently employed, please list your current job first. Use the remaining spaces to describe work experiences (paid or volunteer) that relate to the volunteer position. Attach another sheet of paper, if needed.*

A. Organization _____

City/State _____

Position/Type of work _____

B. Organization _____

City/State _____

Position/Type of work _____

3. Describe any skills or experience that would enable you to perform the duties of this position.

4. Do you have any medical conditions that may affect your ability to function as a volunteer, or do you require any special accommodations that the coordinator of volunteers should be aware of?

_____ Yes _____ No If yes, please describe. _____

5. Have you ever been convicted of a crime that has not been expunged or sealed by a court?
_____ Yes _____ No If yes, please explain (Note: convictions do not necessarily disqualify an applicant from volunteer service.) _____

6. Are you licensed and able to drive an automobile? _____ Yes _____ No
Some of our volunteer positions will require you to provide a copy of your driver's license.

7. How did you learn about NARCOG programs?

8. Tell us why you would like to become a volunteer.

9. **Schedule Preferences:** Please indicate the days and times that you are usually available (More Than a Meal operates M-F in Morgan County and M-Th in Lawrence County between 10am – 1pm).

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Hours Available							

Locations: Indicate your preference, if any, of the service areas NARCOG covers.

Decatur	Morgan County	Cullman	Cullman County	Moulton	Lawrence County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of Interest: Choose all areas that you are interested in.

<input type="checkbox"/> Meal Delivery	<input type="checkbox"/> Friendly Visits (nursing home and/or assisted living facilities)	<input type="checkbox"/> Mr. Fix-it (minor home repairs, wheelchair ramps)
<input type="checkbox"/> Office Assistance	<input type="checkbox"/> Entertaining (groups or individuals)	<input type="checkbox"/> Wellness Programs
<input type="checkbox"/> SHIP Counseling (Medicare, Medicare Supplements, and Other Options)	<input type="checkbox"/> Long Term Care Resident Advocate	<input type="checkbox"/> Community Revitalization (painting, gardening, etc)
<input type="checkbox"/> Information Intake (assist with forms, applications)	<input type="checkbox"/> Organize/Assist with Special Event	<input type="checkbox"/> Other: (please explain)

References

Please provide two references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

Name _____ Phone number () _____ - _____

How long known? _____ Relationship _____

Name _____ Phone number () _____ - _____

How long known? _____ Relationship _____

Volunteer Program Agreements

Please initial next to each clause to certify your understanding and agreement.

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I authorize NARCOG to contact the references named in this application concerning my interest in becoming a NARCOG volunteer. I authorize the persons referenced to provide information regarding my application, and release them from any liability in connection with the information they provide.

I certify that NARCOG has my permission to include my photo or video in any NARCOG project. I understand that photos or videos may be taken of volunteers involved in activities which are sometimes used in promotional materials, such as brochures, newsletters, website, or videos.

I acknowledge that participation in this program involves inherent risks of physical injury, illness, or loss of personal property, and I assume all such risk. In the event of an accident, illness, or injury, and the emergency contact listed above cannot be reached; I hereby give NARCOG personnel permission to act as deemed necessary in my best interests. I hereby release and forever discharge NARCOG, its members, officers, agents, and employees for all claims.

I understand that I may have access to certain files and other sensitive information about clients, including medical and other personal data of a sensitive or confidential nature. I agree to keep such information confidential and to use it only to perform my duties as a NARCOG volunteer, to the extent that a client explicitly authorizes.

I agree to attend training programs as required.

I understand that the NARCOG staff reserves the right to terminate the participation of any volunteer when it is deemed in the best interest of either the volunteer or NARCOG.

Note: To ensure the safety of our clients, volunteers, and the communities we serve, applicants in some of our programs will be asked to consent to a criminal background check. If you participate in one of these programs, you will need to complete a separate form to authorize a background check.

Volunteer's Signature _____ Date _____

Coordinator's Signature _____ Date _____

Completed applications may be hand-delivered, mailed, and/or scanned/emailed to the following:

North Central Alabama Regional Council of Governments (NARCOG)

P.O. Box C

216 Jackson Street SE

Decatur, AL 35602

Fax: 256-351-1380

Email: narcog-jobs@adss.alabama.gov

(256) 355-4515