



Volunteer Services Application

Thank you for your interest in volunteering with AuthoraCare Collective. There are so many opportunities for volunteers to work with our patients, families and staff members.

Please review the materials in this packet and fill out all appropriate documents. (Please look carefully for signature areas, check boxes and dates). Once you have completed this application packet, please return to our office as soon as possible.

Mail or drop off the packet to the appropriate location:

AuthoraCare Greensboro Office
Attn: Volunteer Services
2504 Summit Avenue
Greensboro, NC 27405

AuthoraCare Burlington Office
Attn: Volunteer Services
914 Chapel Hill Road
Burlington, NC 27215

Or you may scan and email it to volunteer@authoracare.org

If you have any questions about our Volunteer Services, or the Application Process, please feel free to contact us at 1-800-588-8879 and ask for the volunteer services department.

Information Needed to Become a Volunteer:

- ✓ Application.
- ✓ Reference Forms. (There are three forms—please have your references return them to our office.) It is your responsibility to ensure references are received in a timely manner.
- ✓ Copy of COVID vaccination record or exemption approved by our HR Department.

Additional Information We Will Need Before You Start Volunteering:

- ✓ Copy of driver's license (we can make a copy here at our office).
- ✓ Declaration of Insurance Page

Vaccination against COVID-19 is mandatory at our organization unless you are approved for an accommodation due to a religious objection or ADA covered medical condition. The organization will also review medical recommendations for a delay in vaccination or for other contraindications to vaccination.



Personal Information

We consider all applications without regard to race, religion, color, creed, gender, national origin or disability.

PLEASE PRINT: Date of Application: ____/____/____ I would like to volunteer in: ____Greensboro ____Burlington ____Both

Last First MI Maiden

Date of Birth: ____/____/____ Driver's License#: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____ County: _____

Email address: _____

Phone: (Home) (_____) _____ (Work)(_____) _____ (Cellular) (_____) _____

I prefer to receive calls at: (Please check)

Home Work Cell Best time to reach me: (am) _____ (pm) _____

Current Employment Status: Full Time Part Time Retired Not Employed Student

(If Employed) Employer offers a time-off program for volunteers Employer offers a donation-matching program

Employer: _____ Occupation: _____

Work Days: _____ Hours: _____

(Please indicate the highest level of education completed) Education: High School College/University Graduate School

List Degree (s) Received: _____

Are you a veteran? : Yes No Which Branch of Service: _____

In case of emergency, we are to notify?

Name: _____

Phone: _____ Cell: _____ Relationship: _____

Have you experienced the death of a loved-one in the past 12 months? Yes No
(Give Relationship)



Skills and Experience

(Please list any current or previous experiences – work or volunteer):

Company/Agency	Address	Work Description	Active Dates
1.			
2.			
3.			

What service or social clubs do you belong to? _____

Describe any previous experience with hospice: _____

Do you speak any foreign language? Yes No

If yes, Language: _____ Conversational fluency: Fair Good Excellent

Are you licensed /credentialed in any of the following? *Please indicate with a check.*

- Teacher Art Therapist Pet Therapist Counselor Massage Therapist
 Notary Physical Therapist Attorney MD Social Worker
 Clergy Music Therapist RN Other: _____

Volunteer Interests

Please check the boxes next to the volunteer service opportunities of interest. Check as many as you like:

- Administrative Cake/Meal Prep Community Education/Relations Direct Patient Care (DPC)
 Gardening Kids Path Misc. Professionals Special Events Transportation
 Other? _____

I understand that we prefer a one-year commitment, 2-4 hours per month and a minimum of 12 hours of training annually. Initially, there may be up to an additional 2-4 hours of training for specialty areas. I would like more information on these following areas:

- Home Care Beacon Place (DPC) Beacon Place (Reception) Kids Path (DPC) Kids Path (Reception)
 Long-Term Care Facilities Transportation (All areas except Beacon Place)



How did you hear about our volunteer program?

- Community Presentations
 Friend
 Newspaper
 School
 Another Volunteer
 Staff Member
 Website
 Volunteer Center
 Other _____

References

Please provide three (3) references. No Relatives: preferably a supervisor/ former supervisor/teacher if available. You are authorizing us to obtain reference information from the persons listed below. Reference information may be obtained by phone, mail or email; however, reference retrieval is the ultimate responsibility of the applicant. Please ensure all information is current and legible or processing may be delayed.

Please Print Legibly

Info Needed	Reference 1	Reference 2	Reference 3
Name			
Number w/ area code			
Email			
Address City/State/Zip			
Type of Reference			

Have you ever been convicted of any offense (other than minor traffic violation with a fine of \$50 or less)?

- YES
 NO
 If YES, please explain. _____



Agreement

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize you to conduct a criminal background check as well as any such investigations and inquiries of my employment and other related matters as may be necessary in arriving at a decision about volunteer placement. This includes reference checks as well.
- I hereby release employers, schools and other persons from all liability in responding to inquiries in connection with my application.
- In the event of volunteer placement, I understand that false or misleading information given on my application or in interviews or references may effect volunteer placement or continuation of volunteer assignments.
- I understand that I am required to abide by the rules and regulations and guidelines of AuthoraCare Collective.
- I am aware that AuthoraCare Collective does not provide insurance coverage for volunteers if personally injured or if damage occurs to personal property while acting as a volunteer. I further understand that I am not entitled to Worker's Compensation, Health Insurance or any other benefits as a volunteer available to employees of AuthoraCare Collective.
- I agree that I will not hold AuthoraCare Collective, officers, or agents thereof, liable for any injury sustained to person or property while acting in a volunteer capacity.

SIGNATURE OF VOLUNTEER APPLICANT

DATE

