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| **APPLICATION**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Application for Volunteer Service** | | | | | | Return this application to PACE of the Southern Piedmont  Volunteer Services  6133 The Plaza  Charlotte  NC 28215 | | | |
| Volunteer applicants and Volunteers within the PACE system shall be afforded equal opportunities in all aspects without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, sexual orientation or age. | | | | | | | | | | | | |
| **VOLUNTEER INFORMATION**  **Handyman**: A volunteer willing to do light repairs such as hanging items on the walls, moving furniture & assisting with painting, as needed.  **Green Team:** A volunteer who assists with plant care including watering, fertilizing & repotting.  **Reader**: A volunteer willing to read either to individuals or a group of participants.  **Organizer**: A volunteer willing to organize files & help with administrative duties such as photocopying, mailings & data entry.  **BINGO-Caller**: A volunteer willing to call a variety of BINGO games for participants.  **Teacher/Presenter**: An individual or group of volunteers that has knowledge of a particular subject or talent that they would like to come in & share with participants.  **Arts & Crafts Instructor**: A volunteer with art talent to help plan & implement a variety of art projects (e.g. water color, sculpting, etc.), or crafts instructors to guide creative projects (e.g. scrap-booking, picture framing, etc.).  **Program Assistant**: A volunteer willing to assist with group exercise, crafts, & spiritual programs to help participants focus & become better engaged through one-on-one guidance.  **Musician**: A volunteer willing to share his or her gifts of playing the piano, the guitar, other instruments, or lead singing with the participants.  **Game Leader/Player**: A volunteer willing to assist participants in playing a variety of games such as chess, cards, checkers, wii, & if desired, can teach the participants new games.  **Chef**: A volunteer who enjoys cooking &/or baking at home & is willing to share a recipe with the participants, guiding them from start to finish in the food process & enjoying the end results!  **Pet Visitor**: A volunteer who has a kind, docile pet at home that you would like to share for Pet Therapy. **Please contact the Volunteer Coordinator first for approval**. Must be a registered Therapy Pet with all shots up to date.  **Exerciser**: A volunteer willing to guide an individual or a group of participants on a walk or another form of exercise.  **Inventory Stocking**: A volunteer willing to assist in the Clinic or Pharmacy with organizing & stocking supplies &/or medications or willing to assist in the kitchen with organizing & stocking food.  **Meal Buddy:** A volunteer willing to help participants by getting their food & visiting during meals.  **Outings Assistant**: A volunteer willing to assist on participant outings. **INFORMATION** | | | | | | | | | | | | |
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| Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Home Phone ( ) | | | | |
|  | Last | | | First | Middle | | |  |  | | | |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Cell Phone ( ) | | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | | | | | | E-mail Address | | | | |
|  | | | City | State | Zip | | |  | | |  | |
| Emergency Contact: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | Name | | Relationship | | | | | | Phone | |
| Emergency Contact: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | Name | | | Relationship | | | | | Phone | |
|  | |  | | | |  | | | | | | |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | |
| **EXPERIENCE** | | | | | | | | | | | | |
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| List any education or training that demonstrates qualifications for or personal attributes that would bring value to a volunteer assignment with PACE SP | | | | | | | | | | | | |
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| List any languages you speak or write fluently. | | | | | | | | | | | | |
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| List any skills/special interests that should be taken into consideration/are applicable to volunteering with PACE SP. | | | | | | | | | | | | |
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| Have you ever been discharged or asked to resign from an employer and/or volunteer service? Yes No If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Have you ever been disciplined in any manner by any state or federal regulatory agency for any reason? Yes No If yes, please explain. | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| List any previous volunteer experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

May we contact your present employer if applicable? Yes No If no, why? If yes, please list contact information :

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

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| EDUCATION | | | | | | | | | | | |
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| Are you currently a student? Yes No If yes: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| School Degree Expected Date | | | | | | | | | | | |
| **VOLUNTEER PREFERENCE** | | | | | | | | | | | |
|  | |  | | |  | | |  | | | |
| Would you prefer: | | Participant Contact | | | Non-Participant Contact | | | Information/Clerical | | | |
| Work Times: | Mornings *(ex.: 8a.m. – 12p.m.)* | | | Afternoons *(ex.: 12p.m. – 4p.m.)* | | Evenings *(ex.: 4p.m. – 8p.m.)* | | | | Trip escort | |
| Date you are available to begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total hours per week willing to volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Monday | Tuesday | Wednesday | Thursday | Friday | | □ 8-12 | □ 8-12 | □ 8-12 | □ 8-12 | □ 8-12 | | □ 12-4 | □ 12-4 | □ 12-4 | □ 12-4 | □ 12-4 | | □ Other  \_\_\_\_\_\_\_\_\_\_\_ | □ Other  \_\_\_\_\_\_\_\_\_\_\_ | □ Other  \_\_\_\_\_\_\_\_\_\_ | □ Other  \_\_\_\_\_\_\_\_\_\_\_ | □ Other  \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| List specific work area preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| I would like to work with Special Events (ex.: fundraisers, health fairs, recruiting events). . . . . . . . . . . . . . . . . . . . . . .  Yes  No | | | | | | | | | | | |
| In the event of an emergency (disaster, hurricane, pandemic), I would be able to volunteer. . . . . . . . . . . . . . . . . . . . . . .  Yes  No | | | | | | | | | | | |
| **REFERENCES** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| List names, addresses, relationships of **three persons**  who can provide a personal/professional reference: | | | | | | | | | | | |
| Name | | | Email Address | | | | Phone | | Relationship | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | |  | |  | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | |  | |  | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | |  | |  | | |
| BACKGROUND INFORMATION | | | | | | | | | | | |
| Have you ever pleaded guilty or been convicted of a felony? □Yes □ No. If YES, please provide: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Date of Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/County, and State of Conviction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  |
| |  |  | | --- | --- | | PACE Brochure | PACE Presentation | |  |  | | Volunteer Referral (please provide name) | PACE Website | |  |  | | Community Member | Other (please specify) | |  |  |   **Please tell us how you found out about PACE of the Southern Piedmont.** | | | | | | | | | | |

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| **IF ACCEPTED INTO THE PACE VOLUNTEER PROGRAM I AGREE TO:**  initial | | | **Please read:**  I understand that I will be subject to and agree to abide by PACE policies, procedures, and rules as described below. I also understand that I may be required to agree to medical clearance, background check and/or drug screen testing. |
| initial | | | **Please read:** I understand and agree that volunteer placement within PACE is a privilege not a right, which means that at the option of the Executive Director or myself, any agreement to provide volunteer placement or service can be terminated, with or without cause, and with or without notice, at any time. |
| initial | | | **Please read:** I understand and agree that my hours and/or assignments may be altered to meet the needs at the center, which will remain the priority in all decisions concerning assignments, schedules, etc. |
| initial | | | **Please read:** I understand that, if I am an employee of PACE or any of its affiliates, I may not be assigned a volunteer assignment within the same department as my current position, nor can I perform any duties which are similar in nature to the duties for which I am responsible in my paid position. |
| **\_\_\_\_\_\_**  initial | **I will:** Hold as absolutely *confidential* any and all information that I may obtain directly or indirectly concerning patients and/or staff. | |
| **\_\_\_\_\_\_**  initial | Become familiar with and uphold PACE SP policies and procedures. | |
| **\_\_\_\_\_\_\_**  initial | Honor my *commitment* to my specific job assignment. | |
| **\_\_\_\_\_\_\_**  initial | Be professional, conscientious and conduct myself with dignity, courtesy and consideration of others. | |
| **\_\_\_\_\_\_\_**  initial | Wear the appropriate attire and PACE identification and maintain a well-groomed appearance at all times. | |
| **\_\_\_\_\_\_\_**  initial | Complete an initial orientation, annual evaluations and attend in-service training sessions as scheduled. | |
| **\_\_\_\_\_\_\_**  initial | Carry out assignments in a professional, respectful manner and seek the assistance of a supervisor when necessary. | |
| **\_\_\_\_\_\_\_**  initial | Discuss any problems, criticisms or suggestions with my service area supervisor. | |
| **\_\_\_\_\_\_\_**  initial | Work an agreed-upon number of hours on a schedule acceptable to me, my service area supervisor and the volunteer department manager. | |
| **\_\_\_\_\_\_\_**  initial | Be punctual and notify my supervisors if unable to work as scheduled. | |
| **\_\_\_\_\_\_\_**  initial | Consent to tuberculosis screening as required by PACE SP. | |

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any assignment of service within the facilities of PACE of the Southern Piedmont. I understand that all information on this application is subject to verification. I also consent that you may contact agencies, organizations and individuals listed regarding this application. I further authorize PACE SP to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies or systems on a need-to-know basis for good cause as determined by the agency head or designee.

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| **Date:** |  | **Applicant Signature:** |  |

**Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**