



The Shepherd's Center of Northern Virginia Volunteer Agreement

As a Volunteer with Shepherd's Center of Northern Virginia (SCNOVA), I understand that I will be working directly with seniors, some of whom are the most vulnerable members of our community. I hereby give my consent for Shepherd's Center to contact my references and conduct a background check. I also understand that my compliance with the requirements set out below is an essential part of my volunteer service.

- 1) SCNOVA does not discriminate against its clients, volunteers, or staff for any reason – including age, race, religion, disability, national origin, gender, sexual orientation, financial or marital status.
- 2) I will inform the Operations/ Volunteer Manager of any existing condition or injury that may affect my ability to safely perform all volunteer tasks.
- 3) I understand that I may become aware of personal information and that such information pertaining to clients, either from SCNOVA staff or from the clients themselves is strictly confidential.
- 4) SCNOVA encourages open communication between volunteers and staff members.
- 5) I hereby grant SCNOVA my permission to use my name and any photographs that may be taken of me pursuant to my volunteer duties.
- 6) For drivers providing transportation for SCNOVA clients and or volunteers providing basic repairs/improvements at clients' homes, the following requirements apply:
 - a. I understand that I must carry my own automobile insurance and that I will not hold SCNOVA financially responsible for any injuries, accidents or other problems that may occur to me or to any client or third party while I am driving as an SCNOVA volunteer. I will promptly report any incident to the Operations/ Volunteer Manager. I understand that SCNOVA maintains an "umbrella" insurance policy that provides secondary coverage, if required, regarding such incidents.
 - b. I understand that if I become aware of any incident of change in a client's circumstances or an apparent downturn in their health or living conditions, I should promptly report my concerns to the Operations/ Volunteer Manager.
 - c. I understand that if my ability to drive others safely becomes compromised by health issues, or for any reason, I can no longer legally operate a motor vehicle in the Commonwealth of Virginia; I must report such issues to the attention of SCNOVA, which reserves the right to place me in "Inactive Driver" status – temporarily or permanently.
- 7) The requirements listed above are not all-inclusive, and SCNOVA reserves the right to modify and/or update them, without prior notice.



The Shepherd's Center of Northern Virginia
Volunteer Agreement

I hereby acknowledge that I have read, and fully understand, the Shepherd's Center of Northern Virginia's volunteer requirements, as set out above, and agree to abide by them.

PRINTED NAME: _____

DATE: _____

VOLUNTEER SIGNATURE: _____

DATE: _____

**Please RETURN this signed page to the Operations/Volunteer Manager
via email: office@scnova.org
or mail to: Shepherd's Center
541 Marshall Road SW
Vienna, VA 22180**



Start date: _____

Volunteer Application

Personal Information:

Name: _____ Birthdate: _____

Address: _____

Phone: (Home): _____ (Cell): _____ (Work): _____

Email: _____

Retired? _____ Congregation (optional): _____

How did you hear about the Shepherd's Center of Northern Virginia? _____

Are you a Veteran? **Yes / No** Branch _____ Rank _____

Years of Service _____

Volunteer Interests (check all that apply):

<u>Services</u>	<u>Office</u>	<u>Programs/Committees</u>
<input type="checkbox"/> Medical driver	<input type="checkbox"/> Office phone assistance	<input type="checkbox"/> Education planning
<input type="checkbox"/> Companion driver	<input type="checkbox"/> Office computer assistance	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Friendly visitor	<input type="checkbox"/> Mailings	<input type="checkbox"/> Special events
<input type="checkbox"/> Friendly caller	<input type="checkbox"/> Publicity	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Handy helper	<input type="checkbox"/> Website maintenance	<input type="checkbox"/> Grant Assistance/ Writing
<input type="checkbox"/> Computer/assist		<input type="checkbox"/> Board of Directors
<input type="checkbox"/> Health/wellness		<input type="checkbox"/> Senior socials

Availability Preference: Please check all that apply.

I can volunteer: once a week more than once a week as needed.

Other: _____

Matching Information:

General interests, skills, volunteer experience, languages, and hobbies: _____

Screening Information:

Have you ever been convicted for violation of any laws, traffic or otherwise? ____ Yes ____ No

If yes, please explain: _____

***Please note a criminal record check will be done for prospective volunteers who will work directly with our clients.**

Do you have any physical condition that may limit your volunteer activities? ____ Yes ____ No

If yes, please describe: _____

Do you have a valid driver’s license? (If volunteer driving) ____ Yes ____ No

License number: _____ Expiration Date: _____

Insurance Company: _____ Policy Number: _____

Expiration Date: _____

Emergency Contact:

Name: _____ Phone: _____ Relation: _____

Address: _____

***References:**

Please contact two references from people who are not **family members**. (You may include employers, teachers, religious leaders, etc.) Ask them to provide reference letters for you. Include their full name and title. ** Then email the reference letters and reference’s information to: **Office@scnova.org****

I understand and agree that my volunteer service is at will, which means that it is for no specified period and may be terminated by me or Shepherd’s Center of Northern Virginia at any time without prior notice, for any reason. I understand that misrepresentation or omission of facts may result in rejection of this application or termination. I hereby give my consent for the Shepherd’s Center of Northern Virginia to contact my references and conduct a background check.

Signature of Applicant

Date

Call Operations/ Volunteer Manager @ 703-281-5038 or
office@scnova.org for questions.

Please mail the completed form to:

**ATTN: Operations & Volunteer Manager
Shepherd's Center of Northern Virginia
541 Marshall Road, SW, Vienna VA 22180**