



VOLUNTEER APPLICATION

Personal Information:

First Name: _____ Middle Name: _____ Last Name: _____

Phone: (H) _____ (C) _____ Gender _____

Address & City: _____ Zip Code: _____

Email: _____

DOB: _____ SSN: _____

Congregational Affiliation (optional): _____

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

Volunteer Opportunities:

Transportation:

_____ Medical Drives and Trips of Necessity (i.e. Groceries, Bank, Post Office) Drives (Mon-Fri)

Office: Assistance remotely from home

_____ Monday through Friday (1st shift 10:00 am – 1:00 pm) (2nd shift 1:00 pm to 4:00 pm) We appreciate a minimum of 2 shifts per month but any help is welcome

Lunch N Life:

_____ Assist with set-up and program planning for six bi-monthly luncheon programs

Adventures in Learning:

_____ Assist with set up and program planning for two four or six consecutive week study courses. One session per week

Development Committee:

_____ Serve on committee to plan events and raise funds

Communication Committee:

_____ Serve on committee to maintain communication via the web, social media, hard copy mailings, and email mailings

Handy Helpers:

_____ Serve on committee to perform small household tasks for seniors

AVAILABILITY

Check all that Apply:

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

Check any time slots that you are NOT available.

<u>TIME/DAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
<u>MORNING</u>					
<u>TIME/DAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
<u>AFTERNOON</u>					

General Interests, skills, volunteer experience. languages, and hobbies

Driver Information (Drivers only)

Do you have a valid driver’s license? _____ YES _____ NO

License Number _____ State _____ Expiration _____

Insurance Company _____ Policy Number _____

Expiration _____

Emergency Contact:

Name: _____ Phone: _____ Relation: _____

Signature of Applicant

Date

*Volunteers that interface directly with clients are asked to complete a brief background check.



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**