

# Albemarle Commission

## SENIOR NUTRITION PROGRAM

### Volunteer Application



**Veteran?:** yes no    **Requested Volunteer County:**               **Specific Site:**           

Contact Information	
Name	
Street Address	
City, ST, ZIP Code	
County	
Mailing Address	
City, ST, ZIP Code	
Email Address	
Primary Phone	
Other Phone	
Date of Birth	

Availability	
<p><b>Note: Meals cannot be picked up earlier than 10:45 AM for delivery and must be delivered no later than 12:30 PM. Meals are only delivered during the work week, with the exception of State holidays or inclement weather. Meal Bags can weigh up to 20 pounds. In Dare County, multiple trips up and down stairs may be required.</b></p>	
<u>      </u> Monday	<u>      </u> Once a Month
<u>      </u> Tuesday	<u>      </u> Every Other Week
<u>      </u> Wednesday	<u>      </u> Once a Week
<u>      </u> Thursday	<u>      </u> As Often as You Need Me
<u>      </u> Friday	<u>      </u> Periodically
Other:	

Driver Information: <b>*Please attach a copy of a valid Government Issued ID to this application*</b>	
State of Driver's License	
Driver's License Number	
Valid Through	
Insurance Company	
Policy Number	

### Driving Record

Have you had a driving violation in the last three years? If yes, please explain below...

### Criminal Offenses

Have you ever been convicted of a criminal offense or do you have any current pending charges? If yes, please explain below...

### References

Please give at least two references, including at least one who has known you two years and *is not a relative*. Also, a reference from any other volunteer experiences would be helpful.

Name	
Relationship to Volunteer	
Address	
Day Time Phone	
Name	
Relationship to Volunteer	
Address	
Day Time Phone	

### Previous Volunteer Experience *(Summarize any previous volunteer experience)*

### Person to Notify in Case of Emergency

Name	
Relationship to Volunteer	
Primary Phone	
Other Phone	

### Volunteer Agreement and Release from Liability

**As an Albemarle Commission Senior Nutrition Program (AC SNP) volunteer, the lasting impression you make on those you serve reflects directly on all of us. Please be sure your words and actions help build our program and its reputation for quality.**

#### Confidentiality

In connection with my activities as a Home Delivered Meal Volunteer:

I agree to hold confidential all information to which I may have access about clients or former clients and will not reveal any information to unauthorized persons. I understand that revealing any information to unauthorized persons will make me subject to either civil action for the collection of monetary damages and/or suspension or dismissal.

Initial \_\_\_\_\_

#### Driver's License and Automobile Insurance

Any volunteers that are using their personal automobile for AC SNP deliveries must have a valid driver's license and automobile insurance policy. I agree to provide copies of both of these before beginning my volunteer experience. I will provide the AC SNP with updated copies of these, as requested.

Initial \_\_\_\_\_

#### Background Check; Convictions

I agree that my participation as a volunteer for AC SNP may be contingent upon satisfactory completion of a criminal background check, to be conducted at AC SNP expense. As a volunteer, I will notify my volunteer coordinator of any criminal convictions or criminal charges that are pending against me or which arise during the course of my volunteer activities with AC SNP.

Initial \_\_\_\_\_

#### Abuse and Neglect

Based on NCGS 108A Article 6, I understand that if I have a reasonable belief that someone receiving services from AC SNP has been intentionally injured, neglected, or exploited, it is my responsibility to report my concerns to my local Department of Social Services.

Initial \_\_\_\_\_

#### Photographic Release

I give the Albemarle Commission's Senior Nutrition Program permission to use my name and/or picture in published articles, brochures, video presentations and social media to promote the importance of the AC SNP.

Initial \_\_\_\_\_

#### Personal Health

I understand that if I have a fever or if I am sick, I should contact my scheduling coordinator and not deliver meals.

Initial \_\_\_\_\_

**Statement of Liability**

I understand that the AC SNP is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with my volunteer activities. As a condition to serving as a volunteer I acknowledge that I am expected to maintain my own insurance covering these and other risk.

Initial \_\_\_\_\_

**Voluntary Agreement**

I understand and agree to the following:

1. I wish to provide such services without compensation and without any expectation of compensation from the Albemarle Commission.
2. I understand I will not receive any benefits, compensation or other remuneration in any form for providing volunteer services to the AC SNP.
3. I will report to the program director.
4. The relationship created by this Agreement is terminable by either party at any time, with or without cause and with or without notice.
5. I recognize that while performing the volunteer services under this Agreement, I will not be covered by the Commission's worker's compensation insurance, any medical or health insurance or any other benefit plan offered by the Commission to any employees.
6. If our relationship changes in the future and I actually expect to be a paid employee, we must enter into a new agreement and the Volunteer relationship will no longer exist.

Initial \_\_\_\_\_

**Agreement and Signature**

It is the policy of the Albemarle Commission Senior Nutrition Program to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. I acknowledge that the above guidelines have been explained and all my questions have been answered. In signing, I agree that the health and safety of the clients is top priority and I will follow the guidelines in performance of my volunteer assignment.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Initial \_\_\_\_\_

**\*\*You must attach a copy of a valid government issued ID and specify which county and site you wish to volunteer with to have a complete application.\*\***

**Completed Applications with attached IDs can be emailed to [lrollinson@accog.org](mailto:lrollinson@accog.org),**

**faxed to (252)426-7649 or mailed to:**

Albemarle Commission SNP

C/O Laura Rollinson

512 South Church Street

Hertford NC, 27944

**Thank you for your interest in volunteering with our program!**

**Name (Printed)**

**Signature**

**Date**

**Thank you for your interest in volunteering for the Albemarle Commission Senior Nutrition Program Home Delivered Meals program.**

**\*\*You must attach a copy of a valid government issued ID and specify which county and site you wish to volunteer with to have a complete application.\*\***

**If you have any questions regarding the Home Delivered Meal program volunteer responsibilities, or the volunteer application, please contact:  
Laura Rollinson at 252-404-7091**

**Completed Applications with attached IDs can be mailed to :**

**Albemarle Commission SNP  
C/O Laura Rollinson  
512 South Church Street  
Hertford NC, 27944**

**or faxed to (252)426-7649**

**or scanned and then emailed to: [lrollinson@accog.org](mailto:lrollinson@accog.org)**