



Sharon Towers
VOLUNTEER APPLICATION

Please print or type.

Name: _____
(Last) (First) (Middle) (Nickname)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone (Home): _____ (Cell): _____

Email: _____

Birthday (Month/Day): _____

Formal education (highest year of school completed): _____

Do you possess a valid NC driver's license (circle one)? Yes No

Do you have regular access to a car (circle one)? Yes No

Do you have any physical limitations that you wish to consider in your volunteer placement? If yes, please describe: _____

Do you have any criminal convictions other than parking violations (circle one)? Yes No

If yes, please explain: _____

Emergency Information: (In case of emergency contact :)

Name: _____ Relationship: _____

Telephone (Home): _____ (Cell): _____

Volunteering at Sharon Towers

How did you hear about our Volunteer Program? _____

Please list experience working with seniors:

Please list any previous volunteer experience:

Please tell us what you hope to contribute to Sharon Towers through your volunteer experience:

What are your special skills and/or hobbies that you could share with Sharon Towers? This may include things such as gardening, football, painting, cooking, reading, computers, writing, traveling, and many others. Don't hesitate to list things you enjoy; you might be surprised how your talents and interests could be utilized.

What clubs or organizations do you belong to? _____

How often are you available to volunteer? Twice a week Once a week
 Every two weeks Once a month
 Periodically

Length of time you wish to serve per shift? 1/2 hour 1 hour
 2 hours Longer period

Which days of the week are you available to volunteer? _____

What time of day are you available to volunteer? _____

To protect the safety and privacy of the residents at Sharon Towers, we have developed a screening process for volunteers.

- All volunteers interacting with residents on a regular basis are required to complete an application, personal reference checks, an interview with the Community Outreach Coordinator, a criminal background check, and volunteer orientation.

References: Please list three non-family members who have known you at least two years (teachers, employers, neighbors, etc.) and their complete mailing addresses.

1. Name: _____

Address: _____

Street City State Zip Code

Telephone Number:(H) _____ (C) _____

Relationship: _____ How long have you known this person? _____

2. Name: _____

Address: _____

Street City State Zip Code

Telephone Number:(H) _____ (C) _____

Relationship: _____ How long have you known this person? _____

3. Name: _____

Address: _____

Street City State Zip Code

Telephone Number:(H) _____ (C) _____

Relationship: _____ How long have you known this person? _____

**Sharon Towers
Volunteer Applicant Agreement**

The information that I have supplied in this application is true to the best of my knowledge. I understand that if I become a volunteer, any misrepresentation or material omission made by me on this application will be sufficient cause in the cancellation of this application and immediate discharge from the Volunteer Program, whenever it is discovered.

Sharon Towers does not unlawfully discriminate and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for a volunteer position on a basis prohibited by local, state, or federal law.

Sharon Towers reserves the same right to terminate my volunteer position at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for a volunteer position for any specified period or definite duration.

I also understand that if I receive a volunteer position, I will be required to attend orientation and sign a confidentiality statement before working with the residents of Sharon Towers.

Print Name

Signature of Applicant

Date

Guardian Signature (if under 18)