



Start Date:

Volunteer Application Form

Volunteer Information			
Name:		Birth date:	
Address:			
Best number to call:		Best time to call:	
Email address:			
Preferred method of contact:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Either
Student Information (If applicable)			
Name of College or High School:		School Address:	
Will there be school supervisor or a contact? YES NO	If yes, provide name of contact:	Phone:	
School Contact Email:			
Employment Information (If applicable)			
Employer:		Address:	Phone:
May we contact you at work? YES NO			
Is your interest in volunteering work related? YES NO			
General Information			
How did you hear about Circle Center Adult Day Services? (Please mark box of source and write in name of specific source.)	<input type="checkbox"/> Referral _____	<input type="checkbox"/> TV _____	
	<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> School _____	
	<input type="checkbox"/> Radio _____	<input type="checkbox"/> Employer _____	
	<input type="checkbox"/> Organization _____	<input type="checkbox"/> Church _____	
	<input type="checkbox"/> Agency _____	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Social Media _____		
Availability			
I am interested in- (check all applicable)			
<input type="checkbox"/> "Done in a Day" projects	<input type="checkbox"/> Weekly opportunities		
<input type="checkbox"/> Once a month opportunities	<input type="checkbox"/> Bi-weekly opportunities	<input type="checkbox"/> Other	
Which days are best - (check all applicable)			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	
Preferred time of day- (check all applicable)			
<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Either			
During the winter holidays <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe		During the summer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	

Ways to Volunteer (Check all that interest you)			
<input type="checkbox"/> Program Support	<input type="checkbox"/> Marketing	<input type="checkbox"/> Music, Crafts, Games	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Administrative and/or Data Entry Support	<input type="checkbox"/> Service project for my group	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Electrical
<input type="checkbox"/> Activities with Participants	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Serve on a committee	<input type="checkbox"/> Outreach at my church
<input type="checkbox"/> IT Support	<input type="checkbox"/> Landscaping/Gardening	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Outreach in my workplace
<input type="checkbox"/> References – Please supply the name, address, and phone number of two references. Indicate if they are a personal, professional or volunteer related reference. (For some volunteer roles we may check references)			
1.			
2.			
Emergency contact information			
Name of contact:		Relationship to volunteer:	
Phone number of contact:			
Consent to Photograph/Consent to Release Information			
<p>I, _____, give my permission to use for publicity or educational (print name) purposes by Circle Center Adult Day Services, photographs, audio, print, video. I understand that all materials will remain the property of Circle Center Adult Day Services and that I am not entitled to any compensation or payment for their use.</p> <p>_____</p> <p style="text-align: center;">Signature Date (parent/guardian signature required for minor)</p>			

We thank you for your interest in volunteering at Circle Center Adult Day Services. Please submit this application to:

Email: development@circlecenterads.org

Mail: Circle Center Adult Day Services
 4900 West Marshall Street
 Richmond, VA 23230
 804-355-5717

The mission of Circle Center Adult Day Services is to provide comprehensive and individualized quality care for older adults during the day, enabling them to live at home and providing assurance and respite for family caregivers.

VOLUNTEER CONFIDENTIALITY POLICY PROCEDURE

Confidentiality is essential to providing professional care. All volunteers are expected to insure that confidentiality is maintained in all aspects of participant care, interaction with caregivers, relationships with other agencies and providers, and contacts with the general public, including the media.

Specifically, all categories of volunteers and volunteer staff must avoid:

- 1) Discussing one participant with another or in front of a group of participants.
 - 2) Revealing any information about a participant to another participant's caregiver or discussing one caregiver with another.
 - 3) Discussing participants with anyone outside the center environment except with center staff.
 - 4) Sharing information about a named participant with other agencies or providers, except when authorized to do so by the participant or caregiver.
 - 5) Discussing other staff with participants or caregivers, other agencies and providers or the general public.
 - 6) Discussing any aspects of the center's operation, participants or caregivers with the general public, including the media, without prior authorization from the executive director or designee.
 - 7) Disseminating written information about a participant unless there is written authorization from the participant or caregiver. For teaching purposes, descriptive information may be used if all identifying information is eliminated.
 - 8) Photographing or videotaping participants and/or center activities without the approval of designated center staff.
- Violation of Confidentiality Policy can cause release from volunteer services.

Confidentiality Agreement		
<p>Confidentiality is essential to providing professional care. Confidentiality is maintained in all aspects of participant care. Discussion of participants' lives, problems and personal relationships with family, friends, and the general public including the media is prohibited.</p> <p><input type="checkbox"/> I read and understand the confidentiality agreement.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <div style="display: flex; justify-content: space-around; width: 100%;"> Signature Date </div> <p><input type="checkbox"/> Witnessed by:</p> <p style="text-align: center; margin-top: 20px;">_____</p> <div style="display: flex; justify-content: space-around; width: 100%;"> Signature Date </div>		
Orientation		
<input type="checkbox"/> Application	<input type="checkbox"/> Interview	<input type="checkbox"/> Name Tags
<input type="checkbox"/> Video	<input type="checkbox"/> Confidentiality Statement	<input type="checkbox"/> Training Manual
<input type="checkbox"/> Tour	<input type="checkbox"/> Signing In	<input type="checkbox"/> Thank you email