

Volunteering can be a meaningful experience! Please complete the information below and mail to: Charlotte Village Network, Attn: Volunteer Committee, P.O. Box 32544, Charlotte, NC 28232. Or email to info@charlottevillagenetwork.org A team member will contact you to discuss how you can contribute your skills to support our programs. We look forward to getting to know you!

(Please Print) Female Male Date: _____

_____ / ____ / ____
 Salutation First Name Initial Last Name DOB

 Street City/State Zip Code

 Phone Cell Phone E-mail Address

For Drivers Only: _____ - _____ - _____
 Social Security Number Driver's License # State

In case of an emergency, please notify:

 First Name Last Name Relationship

 Primary Phone Other: Email

References Please provide information for two people (other than relatives) who have known you for at least two years.

1. _____
 Name Relationship

 Phone Email

2. _____
 Name Relationship

 Phone Email

Volunteer Opportunities

Please **circle** all the opportunities which interest you.

Lists reflect only some of the opportunities available for each team.

Services	<p>Transportation Team: Drive members Mon to Fri (9 am-4pm) within the service area to:</p> <ul style="list-style-type: none"> • Medical visits • Grocery shopping. • Library • Hair/barber salon • Friend's homes • Social/Cultural events 	<p>Care Team:</p> <ul style="list-style-type: none"> • Give members a friendly call daily to stay and touch and discuss their needs. • Visit potential members to answer questions and discuss their needs. • Meet with members in their homes to see how they are doing. 	<p>Technology Team:</p> <ul style="list-style-type: none"> • Instruction on how to use basic electronic devices like phone, TV remote, etc. • Learn basic skills such as email or how to send/receive photos, Skype, etc. • Troubleshooting 	<p>In-Home Assistance Team: Help members in their homes with minor repairs/tasks such as:</p> <ul style="list-style-type: none"> • Change HVAC filter • Change fire alarm or CO2 alarm batteries • Replace hard-to-reach light bulbs.
	Support	<p>Marketing Team:</p> <ul style="list-style-type: none"> • Refine & implement Marketing Plan • Support work of all teams with print, email, newsletter, farmers markets, and social media • Target messages to specific populations 	<p>Fundraising Team:</p> <ul style="list-style-type: none"> • Identify funding sources • Network with organizations and vendors to identify donors and sponsors • Raise cash reserves for ongoing expenses • Write grants 	<p>Volunteer Team:</p> <ul style="list-style-type: none"> • Identify, recruit and train volunteers • Deliver presentations on volunteer opportunities. • Provide feedback and show appreciation for volunteer efforts
<p>Finance/Operations Team:</p> <ul style="list-style-type: none"> • Provide project management to keep us on track • Implement Business Plan, including Village budget • Track finances 		<p>Office Team:</p> <ul style="list-style-type: none"> • Answer inquiries • Schedule services • Follow up on visits • Maintain databases and records • Help with computer entry 	<p>Membership Team:</p> <ul style="list-style-type: none"> • Develop/implement plan for recruitment • Maintain forms and documents • Evaluate member satisfaction 	
Social	<p>Activities Team: Develop educational, health-related, social and cultural programs and activities</p> <ul style="list-style-type: none"> • Seminars on various senior topics • Art and crafts • Receptions and teas • Movies/Games • Special interest groups • Fitness activities 	<p>Events Team:</p> <ul style="list-style-type: none"> • Organize annual volunteer appreciation event • Organize bi-monthly socials • Greet or register members at an event. • Arrange an informal get together • Take photos 		

Please share your applicable past work experiences, skills and volunteer experience:

RELEASE AUTHORIZATION AGREEMENT

Please read the following carefully:

▪ **Application Information**

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

▪ **Background Investigation**

I understand, in consideration of my application, a background investigation is required for all volunteer positions. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification. Volunteers may opt to produce the above information to help reduce administrative costs for CVN. Otherwise, I authorize CVN to conduct the background investigation and release CVN from responsibility for this investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services CVN. I have read and understand the above and by my signature consent to these statements.

Applicant Signature

Date

CONFIDENTIALITY ACKNOWLEDGEMENT & AGREEMENT

PRINT NAME: _____

During the course of your activity with Charlotte Village Network (CVN), you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accord with CVN policies and procedures. In order for CVN to properly assist members and engage in successful business planning, certain information must remain confidential. Improper disclosure of confidential information can cause irreparable damage to CVN. Confidential information includes, but is not limited to:

1. Medical and certain other personal information about members.
2. Reports, policies and procedures, marketing or financial information, and other information related to the business of services of CVN which has not previously been released to the public at large by a duly authorized representative of CVN.

If you have any questions at any time concerning the confidentiality or disclosure of information, please contact CVN at 980-272-1426.

By initialing each section and signing this Confidentiality Acknowledgment, you acknowledge and agree that:

- _____ 1. I will only access business information for which I have a legitimate business purpose.
_____ 2. Medical Information is confidential and my access is restricted to my legitimate medical need to know for diagnosis, treatment and care of a particular member.
_____ 3. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to anyone or in a manner which is inconsistent with applicable CVN policies & procedures.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY FOR MY PERMANENT PERSONAL RECORDS.

Volunteer Signature _____ Date _____

Print Name _____

Accepted by CVN _____