

## Greene County Senior Center Volunteer Application

### Personal Information

Name	Date of Birth
Mailing Address	
City/State/Zip	
Email Address	Social Security # ***/**/
Phone #'s	Day Evening Cell
Emergency Contact	
Emergency Phone #'s	Day Evening
Employer	Phone #
Do you have a valid driver's license?	Yes No If yes, provide number.
Do you have auto insurance liability coverage?	Yes No If yes, give name of carrier.
Describe your general health for the past 12 months. Include any restrictions you wish us to be aware of. (No lifting etc.)	
Have you ever been convicted of a felony?	Yes No If yes, please explain:
***** <b>(Please provide a copy of your most recent background check)</b> *****	
(yes answer does not automatically exclude you from becoming a Volunteer)	

### Volunteer Experience

Organization	Location	Dates	Type Volunteer

How did you hear about our Volunteer Program?
Why do you want to volunteer?
Any additional comments?

### References (two required) – Please do not list family members.

Name	Day Phone #
Relationship to applicant	Email Address
Mailing Address	City/State/Zip
Name	Day Phone #
Relation to applicant	Email Address
Mailing Address	City/State/Zip

*I authorize a representative of the Senior Center to check my references.*

<b>Print Name</b>	
<b>Signature:</b>	<b>Date</b>

Greene County Senior Center  
1031 Silver Drive P.O. Box 759  
Greensboro, GA 30642  
706-453-7463

**VOLUNTEER  
STATEMENT OF CONFIDENTIALITY**

1. Confidential information pertaining to clients, volunteers and families should not be divulged to other family members or client's/family friends.
2. Consultation with the Senior Center's staff is strongly encouraged in attempting to provide the most appropriate assistance of our clients/families.
3. When in doubt about confidentiality issues, always contact the Senior Center Manager for clarification or assistance.

**Volunteer Statement of Confidentiality**

*During the course of my volunteer work I may have access to confidential information about clients and families. I understand it is my responsibility to safeguard all information when in use, discussing it only with those employees and volunteers who have a legitimate need for this information.*

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_