



## Volunteer Application

### PART 1: Application

#### Personal Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: home: \_\_\_\_\_ cell: \_\_\_\_\_ Gender: \_\_\_\_\_

Address, City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Congregational Affiliation (optional): \_\_\_\_\_

How did you hear about the Shepherd's Center of Northern Virginia? \_\_\_\_\_

Are you retired: \_\_\_\_\_ Are you a Veteran: \_\_\_\_\_ Branch: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

#### Volunteer Opportunities: *check all that apply*

\_\_\_ **Transportation:** Medical Drives and Trips of Necessity (i.e. Groceries, Bank, Post Office)

\_\_\_ **Office:** Monday through Friday, one shift per week, (1<sup>st</sup> shift is 10:00 am – 1:00 pm) (2<sup>nd</sup> shift is 1:00 pm to 4:00 pm). We would appreciate 2 shifts per month, but any help is welcome.

\_\_\_ **Office projects and program support:** Involves working on projects or programs that may involve program reporting, organizing, coordinating, researching and/or other support as may apply.

\_\_\_ **Special Events:** Assist with planning and implementation for luncheons and special event programs.

\_\_\_ **Development Committee:** Join this fun group to plan special events including our annual fundraiser.

\_\_\_ **Communication Committee:** Use your talents to help with communications via the website, social media, publicity, emails and other community outreach communications.

\_\_\_ **Friendly Callers/ Visitors:** Be an important connection for someone in the community. Connect weekly by phone or in person.

\_\_\_ **Handy Helpers:** Are you handy around the home or yard? Join this group willing to do small jobs for area older adults who need help aging in place.

\_\_\_ **Grant Committee:** Help research and write grants with fellow committee members.

\_\_\_ **Board of Directors:** Join our working Board of Directors whose strategic vision will steward SCNOVA into the future.

General interests, skills, volunteer experience, languages, hobbies, etc: \_\_\_\_\_

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**Availability:** Please indicate your availability (once a week/ more than once a week/ as needed/ weekdays/ weekends):

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TRAINING IS PROVIDED FOR ALL VOLUNTEER POSITIONS.

**DRIVER INFORMATION FOR VOLUNTEER DRIVERS ONLY:**

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**PART II: Agreement**

As a Volunteer with Shepherd's Center of Northern Virginia (SCNOVA), I understand that I will be working directly with seniors, some of whom are the most vulnerable members of our community. I understand that my compliance with the requirements set out below is an essential part of my volunteer service.

- 1) SCNOVA does not discriminate against its clients, volunteers, or staff for any reason – including age, race, religion, disability, national origin, gender, sexual orientation, financial or marital status.
- 2) I will inform the Volunteer Manager of any existing condition or injury that may affect my ability to perform all volunteer tasks safely.
- 3) I understand that I may become aware of personal information and that such information about clients, either from SCNOVA staff or from the clients themselves, is strictly confidential.
- 4) SCNOVA encourages open communication between volunteers and staff members
- 5) I hereby grant SCNOVA my permission to use my name and any photographs that may be taken of me pursuant to my volunteer duties.
- 6) For drivers providing transportation for SCNOVA clients and or volunteers providing basic repairs/ improvements at clients' homes, the following requirements apply:
  - a. I understand that I must carry my own automobile insurance and that I will not hold SCNOVA financially responsible for any injuries, accidents or other problems that may occur to me or to any client or third party while I am driving as an SCNOVA volunteer. I will promptly report any incident to the Volunteer Manager.
  - b. I understand that if I become aware of any incident of change in a client's circumstances or an apparent downturn in their health or living conditions, I should promptly report my concerns to the Volunteer Manager.
  - c. I understand that if my ability to drive others safely becomes compromised by health issues, or for any reason, I can no longer legally operate a motor vehicle in the Commonwealth of Virginia; I

must report such issues to the attention of SCNOVA, which reserves the right to place me in “Inactive Driver” status – temporarily or permanently.

7) The requirements listed above are not all-inclusive, and SCNOVA reserves the right to modify and/or update them, without prior notice.

\_\_\_\_\_ (Initials) A link will be sent to you to complete a brief background check as part of the volunteer application, paid for by the Shepherd’s Center of Northern Virginia.

I understand that my volunteer service is at will, which means that it is for no specified period and may be terminated by me or the Shepherd’s Center of Northern Virginia at any time without prior notice, for any reason. I understand that misrepresentation or omission of facts may result in the rejection of this application or termination.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please call the Volunteer Manager at (703) 281-0538 or email [office@scnova.org](mailto:office@scnova.org) with any questions.

The Shepherd’s Center of Northern Virginia is a volunteer-based, non-denominational, non-profit organization dedicated to providing critical life-enriching services to mature adults in the community since 1998. Through the help of a small staff and volunteer-led programs, SCNOVA helps create meaningful opportunities for service, lifelong learning, social connection, individual well-being, and independent living for older adults. We advance opportunities that reduce social isolation and encourage individuals to take on new challenges, learn new skills, make new friends, and serve others.

Please return this document to the Volunteer Manager via email to: [office@scnova.org](mailto:office@scnova.org) or mail to:

Volunteer Manager  
Shepherd’s Center of Northern Virginia  
111 Church Street, NW  
Suite 202  
Vienna, VA 22180

*Thank you for making our community more inclusive, more connected and showing that everyone matters.*