

Thank you for your interest in WNCSource! Your service will make a valuable contribution to your community and to those we serve.

I'd like to serve in: (Check all that apply)

Henderson Co. _____ Transylvania Co. _____ Rutherford Co. _____ Polk Co. _____

Please check opportunities of interest:

_____ Head Start Volunteer (Classroom, Field Trip Assistant, Reader/Storyteller, Performer)

_____ Clerical Support (Data Entry, Mailing, Errands)

_____ Board Member (Board of Directors, Head Start Policy Council, Advisory Boards, etc.)

_____ Senior Services – Mobile Meal Delivery, Congregate Dining & Senior Center
(Entertainment, Instructor, Office Assistant, Fundraising, Planning)

_____ Tiger Town Thrift Store/Rosman (Cashier, Sorter, Furniture Pick-up)

Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Email: _____

Phone: _____ Preferred Method of Contact: _____

Previous Work or Volunteer Experience:

How did you hear about WNCSource?

I plan to volunteer: (Day(s) of Week) _____

From _____ To _____ (Time of Day)

_____ Short Term _____ Long Term _____ Special Project/Event

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The following information is required of all volunteers associated with WNCSource services:

Have you ever been arrested and/or convicted of a felony? Yes or No _____

If yes, please explain:

Have you ever been arrested and/or convicted of larceny? Yes or No _____

If yes, please explain:

By signing below, you acknowledge that WNCSource will perform a basic criminal background check for the safety of our staff, volunteers and clients. All results are confidential.

Applicant Signature and Date

VOLUNTEER CONFIDENTIALITY STATEMENT

All information about current or former clients, employees, donors, or volunteers seen in documents, observed, or overheard must be kept confidential. No information can be divulged to unauthorized persons inside or outside of the agency.

Confidentiality Agreement

I agree as a volunteer to regard all information relating to clients, employees, donors, volunteers, and WNCSource in general, written or otherwise, as confidential. This information includes any subject matter relating to but not limited to:

- ☐ Personal or family history/records
- ☐ Services received by an individual or family
- ☐ Financial information regarding employees, donors, volunteers or the agency
- ☐ Personal addresses of clients, donors or employees
- ☐ Business matters related to the agency, unless directed by the Executive Director

I agree to never communicate any unauthorized information regarding a WNCSource client, employee, volunteer or the agency. Further, I will not participate in media interviews regarding any of the above, unless otherwise instructed by the Executive Director.

I have read, understand and agree to comply with the above statements. This agreement is binding for the entire time I will be volunteering at WNCSource. I understand that if I break this agreement, my volunteer experience at WNCSource will be terminated.

WNCSource Volunteer

Date