

Volunteer Requirements

It is the responsibility of all volunteers of ABUNDANT LIFE to ensure that confidential information is not released to any unauthorized person(s)

All volunteers with ABUNDANT LIFE shall adhere to basic personnel requirements as set by Federal, State, and Local laws.

I. Procedures:

- A. All individuals desiring to volunteer with ABUNDANT LIFE will be required to submit to and pass the same screening requirements as regular employees.
- B. Any activities involving consumers will require approval of guardian/responsible person.
- C. If a volunteer will be transporting consumers, they must supply verification of Insurance coverage for automobiles and a DMV Driving History Check will be completed prior to volunteering.
- D. All volunteers must also adhere to the same confidentiality policy, which applies to all ABUNDANT LIFE staff members as noted in Policy 10.1 in this manual.
- E. Have no substantiated findings of abuse or neglect listed on North Carolina Health Care Personnel Registry.
- F. All potential volunteers are required to disclose any criminal conviction. The impact of this information on decision of volunteering shall be based on the offense and a DMV Driving History Check will be completed prior to volunteering.

Abundant Life Dismissal Policy: In the event that the volunteer violates any policy and procedures, or etc... of Abundant Life, they will be dismissed from their volunteer assignment.

Abundant Life Volunteer Agreement

Description of the volunteer activities:

Duties:

Name of Supervisor:

Training Required:

- Agency policy and procedures that apply
- Client Rights
- Confidentiality
- Incident and accident reporting

Volunteer Signature

Date

Abundant Staff Signature

Date

ABUNDANT LIFE

Volunteer References Form

Full Name: _____
(First) (Middle) (Last)

Reference 1: _____

Phone Number: _____

Type of Reference Given? () Positive **OR** () Negative

Pertinent Comments Made: _____

Reference 2: _____

Phone Number: _____

Type of Reference Given? () Positive **OR** () Negative

Pertinent Comments Made: _____

Reference 3: _____

Phone Number: _____

Type of Reference Given? () Positive **OR** () Negative

Pertinent Comments Made: _____

References Verified by: _____ Date: _____

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events
- Field work
- Fundraising
- Other

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Experience:

Check the following experiences you have working in this field.

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Bipolar Disorder |
| <input type="checkbox"/> Blindness/Hearing Impaired | |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Anxiety |
- other, please specify _____

Skills: Check the following skills/certifications you have:

- CPR Exp. Date _____ First Aid Exp. Date _____
 NCI Exp. Date _____ Sign Language
 Foreign Language (please specify) _____

Have you ever been convicted of a felony? Yes No

Person to Notify in Case of Emergency

Name	
Street Address	
City St Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.