

VOLUNTEER INFORMATION SHEET

"A safe secure environment may warm their bodies. . . but only people can warm their hearts. . ."

The Edwards Adult Day Center provides care for seniors and adults with disabilities starting at age 18 and over. A program of this type offers an alternative to Nursing Home placement by providing activities to enhance thought process and provide a place that feels like home where they form lasting relationships and a sense of belonging.

Volunteers are essential to the goals, obligations, and quality for the Center's program and purpose. The volunteer program is established to:

- Extend and enhance existing regular staff involvement
- Encourage community involvement
- Provide an opportunity for talented and caring individuals from the community to share their time and talents with our participants
- Help to provide a warm, loving, and secure environment

Qualifications

- Sincere interest in working with seniors and adults with disabilities
- Desire to help enhance the life of another person
- Responsible and dependable
- Good listener and interpreter
- Personality traits such as tactfulness, patience, and kindness

Volunteers are needed to:

- Provide companionship
- Lend a helping hand with planned activities
- Help with craft projects, ideas, or materials
- Assist with field trips
- Assist with snacks, meals, or special parties
- Conduct study, discussions, or study groups
- Assist in outdoor/indoor activities, physical fitness activities, or music programs
- Initiate games and participate in various activities
- Lead an activity in the volunteer's area of expertise

Although many activities are planned we welcome creative ideas, new talents, comments and suggestions, and smiling faces. Please join our team and really make a difference.

Edwards Adult Day Center Volunteer Information Packet

Name:	Date of Birth:		
Address:	Phone Number (s):		
Relevant Volunteer and/or Work Experience	e:		
When are you available to volunteer?			
As someone who is interested in volunteering at understand the policies and procedures presented volunteering at the Center.	the Edwards Adult Day Center, I have read and I to me and I agree to abide by them while		
Signature:	Date:		

Volunteer Application

Personal Information

Name of Applicant:		Date of Birth:				
Gender: ☐ Male ☐ Fema	ale	Race:				
Marital Status ☐ Single ☐ Divo	□ Single □ Divorced □ Widowed □ Married					
Spouse's Name if Applicable:						
Current Address:	Home Phone:					
	Cell Phone:					
	Email:					
What is your preferred □ Email □ Cell □ Home □ Other Please Specify						
Method of contact?						
Do you have a valid Driver's License?	Yes 🗆 No					
If yes, State: Number:						
Do you have valid Insurance? □ Car □ Medical						
Do you smoke?						
Are you willing to assist someone who smokes? ☐ Yes ☐ No						
Are you associated with a church, civic, or community organization? \square Yes \square No						
If yes, which one?						
Emergency Contact Information						
Name:	Relationsl	hip:				
Phone Number:						

Please list any allergies, medical conditions, handicaps, or limitations we should be award				
of:				
Employment and Volunteer History				
What is your current employment status? ☐ Employed (full or part time) ☐ Unemployed				
□ Retired □ Student				
Please list the name of the company (or school) where				
You work(ed) or attend and your position.				
Briefly list any previous volunteer or work experience.				
Particularly with the elderly or disabled.				
List the names and numbers of two references:				
1.				
2.				
Volunteer Interests and Availability				
Briefly describe why you would like to volunteer with Edwards Adult Day.				
Please check which areas you are willing and able to volunteer and the availability that				
you would have each day and times.				

│ □ Fiel	☐ Field Trips ☐ Meals (serve and supervise) ☐ Activities (plan, lead, assist)						
□ Inte	☐ Interact with participants in conversation						
	Volunteer Availiability						
If you pr	efer to only	v he contacted f	or volunteer onnor	tunities occuring at	certain times of		
-			our availability bel	_	t certain times of		
Mone	day	Anytime	Morning	Afternoon	Evening		
Tues	day	Anytime	Morning	Afternoon	Evening		
Wedne	esday	Anytime	Morning	Afternoon	Evening		
Thurs	sday	Anytime	Morning	Afternoon	Evening		
Frid	ay	Anytime	Morning	Afternoon	Evening		
I certify that the information presented in this application is accurate and true to the best of my knowledge. I understand that as a part of my application process I may be asked to meet the Edwards Adult Day Center Staff for an interview and/or attend an orientation and training session as appropriate for my position.							
Applicant Signature:							
Please direct questions and completed applications to Dawn Hilburn, Activity Director.							
Mail to: Edwards Adult Day Center							
431 Commonwealth Blvd.							
Martinsville, VA 24112							
Email:	Email: dhilburn@edwardsadc.org						
Phone:	(276) 666	-9400					
Fax: (276) 666-4598							