

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 V	Work Experience:			
When are you available to volunteer?				
As someone who is interested is	in volunteering at the Edwards Adult Day Center, I have read and occurres presented to me and Lagree to abide by them while			

volunteering at the Center. nted to me and ŀ de by while P

Signature:

Volunteer Application

Personal Information						
Name of Applicant:	Date of Birth:					
Gender:	e Race:					
Marital Status Single Divor	Marital Status					
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?						
If yes, State: Number:						
ii yes, state. I tumber.						
Do you have valid Insurance? Car	Medical					
· ·	Medical					
· ·	Medical					
Do you have valid Insurance? □ Car □						
Do you have valid Insurance? Car Do you smoke? Yes No	s? 🗆 Yes 🗆 No					
Do you have valid Insurance? Car Do you smoke? Yes No Are you willing to assist someone who smoke	s? 🗆 Yes 🗆 No					
Do you have valid Insurance? Car Do you smoke? Yes No Are you willing to assist someone who smoke Are you associated with a church, civic, or co	s? 🗆 Yes 🗆 No					
Do you have valid Insurance? Car Do you smoke? Yes No Are you willing to assist someone who smoke Are you associated with a church, civic, or co	s? 🗆 Yes 🗆 No					
Do you have valid Insurance? Car Do you smoke? Yes No Are you willing to assist someone who smoke Are you associated with a church, civic, or co If yes, which one?	s? 🗆 Yes 🗆 No					
Do you have valid Insurance? Car Do you smoke? Yes No Are you willing to assist someone who smoke Are you associated with a church, civic, or co If yes, which one?	s?					

Please list any allergies, medical conditions, handicaps, or limitations we should be aware					
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.

□ Field Trips □ Meals (serve and supervise) □ Activities (plan, lead, assist)

□ Interact with participants in conversation

Volunteer Availiability

If you prefer to only be contacted for volunteer opportunities occuring at certain times of the week or day – please indicate your availability below:

Monday	Anytime	Morning	Afternoon	Evening
Tuesday	Anytime	Morning	Afternoon	Evening
Wednesday	Anytime	Morning	Afternoon	Evening
Thursday	Anytime	Morning	Afternoon	Evening
Friday	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: dhilburn@edwardsadc.org

Phone: (276) 666-9400

Fax: (276) 666-4598