



## 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):
<b>Relevant Volunteer and/or Work Experience:</b>	
<b>When are you available to volunteer?</b>	

As someone who is interested in volunteering at the Edwards Adult Day Center, I have read and understand the policies and procedures presented to me and I agree to abide by them while volunteering at the Center.

Signature:	Date:
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**Volunteer Application**

Personal Information

<b>Name of Applicant:</b>	<b>Date of Birth:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b>
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married	
<b>Spouse's Name if Applicable:</b>	
<b>Current Address:</b>	<b>Home Phone:</b>
	<b>Cell Phone:</b>
	<b>Email:</b>
<b>What is your preferred Method of contact?</b> <input type="checkbox"/> Email <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other <b>Please Specify</b>	
<b>Do you have a valid Driver's License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, State:</b> <b>Number:</b>	
<b>Do you have valid Insurance?</b> <input type="checkbox"/> Car <input type="checkbox"/> Medical	
<b>Do you smoke?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you willing to assist someone who smokes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you associated with a church, civic, or community organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, which one?</b>	
<b>Emergency Contact Information</b>	
<b>Name:</b>	<b>Relationship:</b>
<b>Phone Number:</b>	

**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 Availability

If you prefer to only be contacted for volunteer opportunities occurring 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](mailto:dhilburn@edwardsadc.org)**

**Phone: (276) 666-9400**

**Fax: (276) 666-4598**