



Volunteer Application

Today's Date ___/___/___

Last Name: _____ First Name: _____ DOB: ___/___/___

Address: _____
Street, Road, Ave, P.O Box City, State, Zip

Email: _____ Home Phone: _____ Cell: _____

Emergency Contact Information: Name: _____

Work/home phone number: _____ Cell: _____

Special Skills and Interests: _____

Number of hours you're available each month: _____

Previous volunteer experience if any: _____

If you're a student, please tell us:

Name of school: _____ Field of Study: _____

Service Areas: Based on your skills and interests, please select up to 2 areas which best fit the services you would prefer to provide.

1. _____ Transportation to medical appointments, shopping, errands, etc*
2. _____ Friendly visit with neighbors in their home
3. _____ Assist with Home Safety and Accessibility
4. _____ Conduct a seminar or educational program
5. _____ Help with SLIP sponsored events and social programs
6. _____ Write articles, press releases and stories
7. _____ Other: _____

***Volunteers who wish to drive:** must include a copy of your driver's license and proof of insurance.

Preferred Availability

Morning

Afternoon

Evening

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Personal references: (Note: 1. No relatives; 2. Must list three; 3. Be sure to notify your references in advance to inform them about SLIP and your interest in volunteering.)

Name

Phone Number

Email

- 1.
- 2.
- 3.

COVID Vaccination Policy effective 8/12/21. The safety, well-being, and comfort of every volunteer and neighbor is always the priority at SLIP. The SLIP Board of Directors created these guidelines and procedures with input from volunteers and neighbors. They are centered around truthfulness and respect for the needs of each individual.

1. SLIP, its volunteers and recipients of its services, will comply with all local and state regulations regarding specific behaviors and procedures and be guided by the recommendations of the NC Department of Health & Human Services (NCDHHS) and the CDC.
2. We recognize that some individuals have been advised by a medical professional that vaccination is contraindicated for them. Furthermore, some individuals may require assistance to receive their vaccinations. Therefore, SLIP does not require vaccination or proof of it to give or receive services.
3. We ask that each volunteer and neighbor inform the coordinator of the service involved about his/her vaccination status, and his/her preference for vaccinated volunteers or neighbors.
4. When a neighbor calls asking for service, the coordinator will send out the request for service to SLIP volunteers whose preference matches that of the neighbor.

5. If a volunteer or neighbor requests reasonable precautions (such as wearing masks, sanitizing hands, sitting in separate seats, opening windows, etc.), such requests will be honored when possible.

I understand the completion of this application does not obligate SLIP to offer me a volunteer position. In processing my volunteer application, background and DMV checks (if you will be driving) checks will be conducted at no cost to you.

Signature

Date

Thank you for applying to the SLIP Volunteer Program. Please submit your application to:

Saluda Living in Place
PO Box 322
Saluda, NC 28773
www.slipnc.org
(828) 490-1040