



**GROUP HOMES OF FORSYTH, INC.**

**8064 North Point Blvd. Suite 201**

**Winston-Salem, NC 27106-3235**

**Ph: (336) 831-1300**

**Fax: (336) 831-1314**

Volunteers

Thank you for your interest in Group Homes of Forsyth, Inc. Volunteer Program. Group Homes of Forsyth, Inc. provides quality residential care and training for adult persons with mental retardation and/or other developmental disabilities. We continue to look for innovative resources and means for the expansion of services for these individuals. Your involvement is needed and appreciated. You assist in making our agency a success. To meet the volunteer requirements with our agency the following information is requested:

- I. **Volunteer Application:** Please indicate the area(s) you are interested in volunteering. If you have any questions as to the duties, please do not hesitate to call.
- II. **Volunteer Emergency Data Form:** For your protection, while volunteering with Group Homes of Forsyth, Inc., please fill out the enclosed Emergency Form in the event of an emergency.
- III. **Assurance of Confidentiality:** Due to the sensitive nature of the clients/residents and for their protection, please fill out the Assurance of Confidentiality Form attached.
- IV. **Criminal Background Check:** As a volunteer, for your protection as well as Group Homes of Forsyth, Inc., a criminal background check is required. This is due to the nature of our agency and, again protects you as well as our clients/residents. A criminal background check will be obtained at NO expense to you. Please sign the below signature line indicating that we have your permission to request this information from Forsyth County Court House. This information is held in strict confidence.

I give my permission to Group Homes of Forsyth, Inc. to request and obtain a criminal background report from Forsyth County Court House. If applicable, I also give my permission for Group Homes of Forsyth, Inc. to request a driver's license background check in the event I volunteer to transport clients/residents.

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**CRIMINAL BACKGROUND / DRIVER'S LICENSE CONCENT:**

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Name (Printed)

Signature

Date

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Social Security Number (Required)

Driver's License Number (If applicable)

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**VOLUNTEER APPLICATION**

(Please print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_(home); \_\_\_\_\_(work)

E-mail Address: \_\_\_\_\_

Times and Availability (Check the line when you are able to volunteer):

Days Available:      \_\_\_\_\_ Sunday      \_\_\_\_\_ Monday      \_\_\_\_\_ Tuesday  
                                 \_\_\_\_\_ Wednesday      \_\_\_\_\_ Thursday      \_\_\_\_\_ Friday  
   \_\_\_\_\_ Saturday

Hours Available: \_\_\_\_\_ Mornings      \_\_\_\_\_ Afternoons      \_\_\_\_\_ Evenings  
                                 \_\_\_\_\_ On-Call Basis      \_\_\_\_\_ As needed      \_\_\_\_\_ 2-4 Hours per week  
\_\_\_\_\_ Once a month      \_\_\_\_\_ Prefer one time assignment  
                                 \_\_\_\_\_ Other: \_\_\_\_\_

(List other times available)

Volunteer Work Preference: (Indicate the type of work in which you are interested in volunteering. Check all that apply)

\_\_\_\_\_ Group Homes      \_\_\_\_\_ Classroom      \_\_\_\_\_ Special Projects  
\_\_\_\_\_ One-on-One      \_\_\_\_\_ Office Work      \_\_\_\_\_ Fundraising  
\_\_\_\_\_ Other: \_\_\_\_\_

(Please list other ways you would like to volunteer, if not mentioned above.)

Special Interests/Special Projects:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by Potential Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

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**VOLUNTEER EMERGENCY DATA**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_(home); \_\_\_\_\_(work)

**IN CASE OF EMERGENCY CONTACT:**

1. \_\_\_\_\_  
(Name)                      (Phone #'s)                      (Relationship)

2. \_\_\_\_\_  
(Name)                      (Phone #'s)                      (Relationship)

**List any allergies you may have or medications which may cause an allergic reaction:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any prescribed or over-the-counter medications you use on a regular basis:**

<u>Name of Medication</u>	<u>Dosage</u>	<u>How Often?</u>	<u>Reason Used</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed by Potential Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

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**ASSURANCE OF CONFIDENTIALITY**

As a volunteer of Group Homes of Forsyth, Inc., I have read and understand the Confidentiality Regulations as defined by the Division of Mental Health, Mental Retardation and Substance Abuse Services of North Carolina Department of Human Resources. These regulations are in force to ensure the privilege and confidential nature of client information. This information may be obtained by going to the website for the Division of Mental Health, Mental Retardation and Substance Abuse Services of North Carolina.

I am aware that, in accordance with G.S.>122C-52(e), anyone who discloses confidential information to someone not authorized to receive the information may be charged with a misdemeanor.

I understand the liability of persons with access to client information and hereby agree to protect and preserve the confidential nature of all client information to which I may have access.

Signed by Potential Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_