



Volunteer Application

J. Iverson Riddle Developmental Center

300 Enola Road • Morganton, NC 28655

Phone 828-433-2614 Fax: 828-438-6517

State of North Carolina • Department of Health and Human Services

General Adult Volunteer _____ Youth Volunteer _____
 (Students and interns use Service Learning Application)

Information

Last Name	First Name	Middle/Maiden Name	Preferred Name
Are you over 18 years of age?	Email address (home) :	Email address (work) :	
Current Mailing Address:		City:	State: Zip Code: County
Home Phone # :	Work Phone #:	DL # State Issued	Last 4# of Social Security XXX-XX-_____ Date of Birth:

***If you have lived outside of North Carolina within the past 5 years, or since 18 years of age (whichever is less), please include a complete listing of previous address(s) on a separate sheet of paper. Please also include county or district of each address.**

Person to be contacted in case of emergency or illness: _____ Relationship: _____

Telephone Numbers: Work: _____ Home: _____ Cell Phone: _____

Education

Education completed _____ Other Education/Training Experience _____

Employment

Current Occupation:	Employer:
Special training, certification, or licenses (e.g. CPR, lifeguard, etc.):	
Current or former state employee? _____ yes _____ no (If yes, where: _____)	

Volunteer Experiences and Interest

Briefly describe other Volunteer experiences: _____

How did you learn about volunteer opportunities at J. Iverson Riddle Developmental Center? _____

Have you ever worked with persons with developmental disabilities before? ___yes ___no

If yes, describe: _____

Would you like to work directly with people who live at the Center? ___yes ___no

What do you hope to gain from your volunteer experience? _____

How would you prefer to volunteer? Full time____ part-time____ short-time____ one-time/special event____
 A.M.____ P.M.____ Mon____ Tues____ Wed____ Thurs____ Fri____ Sat____ Sun____

Have you ever been convicted of an offense against the law other than a minor traffic violation? ___ Yes ___ No
(If yes, or if other incidents need explanation, please explain fully on an additional sheet.)

A conviction does not necessarily mean an individual cannot volunteer. The offense, how recent the Conviction, and the sentence are considered in determining whether a volunteer assignment can be made.

Skills, Hobbies and Interests, Community Involvement

Sils, talents, etc.:

___ Foreign language _____ sports _____ music ___ fine arts
___ Computer, data entry, typing, clerical _____ (circle preference)

Interests or Hobbies: _____

Other community involvement: _____

Membership in school, community, civic groups or organizations: _____

References

Please provide three references who are in no way related to you: (please include professional reference if employed)

Name _____ Address _____ Phone #: _____

Name _____ Address _____ Phone #: _____

Name _____ Address _____ Phone #: _____

1. I certify that I have no conflict of interest with the J. Iverson Riddle Developmental Center, whether personal, philosophical, or financial.
2. I also certify that I am not involved in a grievance or lawsuit against the Center at this time.
3. J. Iverson Riddle Developmental Center **REQUIRES** that all volunteers and interns serving during flu season Receive the flu vaccination unless he or she receives a pre-approved exemption.
4. For the safety and security of the Center, its staff and those served, the Volunteer Services Department at J. Iverson Riddle Developmental Center performs criminal record checks and/or accesses other appropriate screening Resources on all direct care volunteers and potential volunteers. Once an application is received, complete Identification information will be collected in order to conduct criminal records and drug screening testing, where Indicated.
5. Drug testing is performed on all adult volunteers expected to have independent time with one or more residents, clients, patients, children or other vulnerable populations under the care of the Department of Health and Human Services.

My signature below acknowledges and agrees with the five statements above and verifies that all information contained in this application is correct to the best of my knowledge.

Signature of Applicant _____ Date _____

* I hereby give permission for _____ (under age 18) to volunteer at J. Iverson Riddle Developmental Center.

Signature of parent/guardian _____ Relationship _____ Date _____

Please Return Original to:

J. Iverson Riddle Developmental Center
Volunteer Services Department
300 Enola Rd
Morganton, NC 28655
Phone: 828-433-2615

**JIRDC requires original signatures on all of its Volunteer applications.
Faxed and e-mailed copies are not accepted.**