

Thank you for your interest in Western Carolina Community Action! Your service will make a valuable contribution to your community and to WCCA.

I'd like to serve in: (Check all that apply)

Henderson Co.____ Transylvania Co.____ Rutherford Co.____ Polk Co.____

Please check opportunities of interest:

____ Head Start Volunteer (Classroom, Field Trip Assistant, Reader/Storyteller, Performer)

____ Clerical Support (Data Entry, Mailing, Errands)

____ Board Member (Board of Directors, Head Start Policy Council, Advisory Boards, etc.)

____ Senior Services – Mobile Meal Delivery, Congregate Dining & Senior Center
(Entertainment, Instructor, Office Assistant, Fundraising, Planning)

____ Tiger Town Thrift Store/Rosman (Cashier, Sorter, Furniture Pick-up)

____ Bargain Hunt Thrift Store /Hendersonville (Cashier, Sorter, Furniture Pick-up)

Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Email: _____

Phone: _____ Preferred Method of Contact: _____

Previous Work or Volunteer Experience:

How did you hear about WCCA?

I plan to volunteer: (Day(s) of Week) _____

From _____ To _____ (Time of Day)

_____ Short Term _____ Long Term _____ Special Project/Event

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The following information is required of all volunteers associated with WCCA services:

Have you ever been arrested and/or convicted of a felony? Yes or No _____

If yes, please explain:

Have you ever been arrested and/or convicted of larceny? Yes or No _____

If yes, please explain:

By signing below, you acknowledge that WCCA will perform a basic criminal background check for the safety of our staff, volunteers and clients. All results are confidential.

Applicant Signature and Date

VOLUNTEER CONFIDENTIALITY STATEMENT

All information about current or former clients, employees, donors, or volunteers seen in documents, observed, or overheard must be kept confidential. No information can be divulged to unauthorized persons inside or outside of the agency.

Confidentiality Agreement

I agree as a volunteer to regard all information relating to clients, employees, donors, volunteers, and Western Carolina Community Action, Inc. in general, written or otherwise, as confidential. This information includes any subject matter relating to but not limited to:

- Personal or family history/records
- Services received by an individual or family
- Financial information regarding employees, donors, volunteers or the agency
- Personal addresses of clients, donors or employees
- Business matters related to the agency, unless directed by the Executive Director

I agree to never communicate any unauthorized information regarding a WCCA client, employee, volunteer or the agency. Further, I will not participate in media interviews regarding any of the above, unless otherwise instructed by the Executive Director.

I have read, understand and agree to comply with the above statements. This agreement is binding for the entire time I will be volunteering at WCCA. I understand that if I break this agreement, my volunteer experience at WCCA will be terminated.

WCCA Volunteer

Date

