



Stanley Total Living Center, Inc.

514 OLD MT.HOLLY ROAD, STANLEY, NC 28164-2191 704-263-1986 FAX 704-263-8959

To: Potential volunteers

From: Jennifer Benton, ADC
Director of Activity Programming
JBenton@stanleytotallivingcenter.org
704-263-1986 ext. 189

Thank you for your interest in our volunteer program. There are many ways that volunteers use their time and talents here at the Stanley Total Living Center. Whether working with groups of residents, spending one-to-one time with individuals, or supporting our program outside our community walls, together we may can find a place for you.

To start the volunteer process, you are required to:

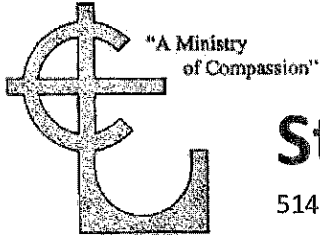
- Be at least 18 years of age
- Provide a certified criminal background check from the county courthouse in which you live and submit it with your application
- Be fully vaccinated against COVID-19 (which includes all appropriate shots)
- Consent to a TB skin test
- Consent to a drug screening
- Fill out the volunteer application attached to this letter fully

After these things are completed and submitted back to STLC, you may be contacted to attend volunteer orientation training. These trainings are only offered once every other month (when needed) and are required before any scheduled volunteering can occur. The training session will last approximately two hours. Please bring your driver's license (or other photo ID) and a black ink pen with you.

If you have any other questions about volunteering, feel free to contact me at the email listed above. I appreciate your willingness to serve and look forward to reviewing your application. Please note: STLC does not partner with individuals seeking to complete court appointed community service hours.

Jennifer Benton, ADC

Director of Activity Programming



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Volunteer Application Form Updated 10-26-22

Name: _____

First

Middle

Last

Address: _____ Phone _____

City: _____ Birthdate: _____ Alternate contact _____

Email: _____

Emergency contact name, phone number & relationship in case of emergency:

Known allergies: _____

Do you have any known limitations that would keep you from fulfilling the job description of our volunteers?

Do you have a friend and/or relative that is employed or has been employed at STLC? Please list:

Schedule preferences for serving:

Times available: Mornings (9:30-12:30) ___ Afternoons (12:30-3:30) ___ Evening (3:30-7:30) ___

Days available (circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you have any experience working with the elderly/long term care? If so where?

Why do you want to volunteer with us? _____

List any special skills (hobbies, second language, musical talent..etc.)

Would you be comfortable leading a small group if trained? _____

Would you be comfortable leading a large group if trained? _____

Are you comfortable interacting directly with seniors who live here? _____

Volunteer activities of possible interest that you could lead or participate in with seniors: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Sewing/quilting | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Book club | <input type="checkbox"/> Knitting/crochet |
| <input type="checkbox"/> Physical activities | <input type="checkbox"/> Bible study | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Parties/social events | <input type="checkbox"/> Art/painting | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Reading aloud | <input type="checkbox"/> Cooking | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Card games | <input type="checkbox"/> Gardening/Flowers | <input type="checkbox"/> History & trivia |
| <input type="checkbox"/> Outing assistant/Shopping buddy | <input type="checkbox"/> Musical performance | <input type="checkbox"/> Technology/video tips |
| <input type="checkbox"/> Bingo/checkers/other games | <input type="checkbox"/> Collections | <input type="checkbox"/> Fill up birdfeeders |
| <input type="checkbox"/> Sponsor a party | <input type="checkbox"/> Recruit entertainment | <input type="checkbox"/> Sunday school leader |

Is there anything else you would like us to know concerning your skills or application?

I agree that I have read the requirements for volunteering and do agree to provide a certified background check from the county in which I live. I also agree to be subject to random drug screen and/or TB testing during my time as part of the Activities department. I also acknowledge that in order to serve as a volunteer at STLC, I must be fully vaccinated against COVID-19, which includes two vaccine doses of Pfizer or Moderna or one shot of Johnson & Johnson. I am willing to provide proof of said vaccines. Furthermore, I realize that my application for volunteering will not be considered if I do not provide the certified background check in three working weeks after submitting this application. I also realize that failure to fulfill the assigned tasks as a volunteer, under the supervision of the Activity Director, will jeopardize my ability to serve and/or may terminate my relationship in volunteering at STLC permanently.

Signature

Date