

Orientation Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Volunteer Job: \_\_\_\_\_

## ALDERSGATE APPLICATION FOR VOLUNTEER GROUPS

**Please Return to:**  
**Brian Gardner**  
**Campus Volunteer Coordinator**  
**3800 Shamrock Drive**  
**Charlotte, NC 28215**  
**PH: 704/532-7272**  
**E-mail: [briang@aldersgateccrc.com](mailto:briang@aldersgateccrc.com)**

**DATE** \_\_\_\_\_ **GROUP NAME** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE: HOME** \_\_\_\_\_ **WORK** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**WHAT VOLUNTEER TASKS DOES GROUP WANT TO DO?**

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### PHOTOGRAPH RELEASE

I hereby give my permission for release of photographs of myself to Aldersgate. These photographs will be used for clinical records, activities and social events, and for promotional purposes through newsletters, newspapers, etc. I understand I will receive no compensation for the use of these materials.

### ASSURANCE OF CONFIDENTIALITY

In my position as a Volunteer at Aldersgate, I understand that I may have access to information (verbal, written) that will pertain to persons who are residing or have resided at Aldersgate. I understand the liability of persons with access to resident information and hereby agree to protect and preserve the confidential nature of all resident information to which I may have access. Cases will be discussed privately with appropriate staff only. I understand that to release or disclose any information or remove any information from the premises are grounds for immediate termination.

(OVER)

