

Site Visit Volunteer Form

I am interested in helping to create better senior centers and make sure that the certification process is fair, open and true to its purpose. I am willing to serve as a site visitor. I understand that:

- I will not be paid or reimbursed for my expenses. It will be up to me to seek support from my agency such as counting this visit as work time, or providing transportation.
- Volunteering does not obligate me to consent to any specific site visit for which I am asked to serve. If a visit conflicts with my schedule, is too far for me to travel, or is otherwise not feasible for me, I can say no and perhaps be asked to serve on a different site visit at a different time.

Name	
Title	
Agency/Organization	
Region	
Address (Street, City, State, Zip)	
Work Phone	Alternate Phone
Email address:	

Thank you for agreeing to serve as a site visitor!

Please submit this form to Leslee Breen at leslee.breen@dhhs.nc.gov, FAX at 919-715-0868, or mail to Division of Aging and Adult Services, 2101 Mail Service Center, Raleigh, NC 27699-2101.