

Volunteer Application

Contact Information	
Name	
Street Address	City, State, Zip Code
Home Phone	Work Phone
Cell Phone	E-Mail Address
What is the best way to reach you?	

Availability							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you need community service hours for school or other program? <input type="checkbox"/> Yes <input type="checkbox"/> No How many hours?							

Interests	
Which areas are you interested in volunteering or would like to learn more about?	
<input type="checkbox"/> Friendship Line Telephone Counseling	<input type="checkbox"/> Events
<input type="checkbox"/> Ruth Ann Rosenberg Adult Day Services	<input type="checkbox"/> Translation
<input type="checkbox"/> Irene Swindells Center for Adult Day Services	<input type="checkbox"/> Fundraising
<input type="checkbox"/> On Lok Lifeways	<input type="checkbox"/> Program Development
<input type="checkbox"/> On-Call Volunteers	<input type="checkbox"/> Other (please be specific)
<input type="checkbox"/> Administration	

Education	
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Employer	
Are you currently studying? <input type="checkbox"/> Yes <input type="checkbox"/> No Current School	

Office Use Only	
Date Received:	Date of Interview:
Referral Check:	Date of Training:
TB Test:	Date of First Shift:
Background Check:	Intake and Placement Complete:

Previous Volunteer Experience

Special Skills or Qualifications

Summarize special skills, training and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Additional Questions

Do you speak, read, or write a foreign language? No Yes

If yes, please indicate language(s)

How were you referred to Institute on Aging?

Briefly state why you would like to work the elder community.

Do you have any medical condition(s) which would prohibit you from performing certain duties?

No Yes

If yes, please explain:

Have you ever been convicted of a crime (excluding any sealed or expunged conviction)?

No Yes

If yes, please explain:

Do you have any specific thoughts or concerns about working with an underserved elderly population?

Please indicate the time commitment you are able to make:

3 months

6 months

1 year or more

Personal and/or Professional References	
Name	Phone
Nature of Relationship	Length of Relationship
Name	Phone
Nature of Relationship	Length of Relationship

Person to Notify in Case of Emergency	
Name	
Address	
Home Phone	Work
Cell	Email

Agreement and Signature		
<p>By submitting this application, I affirm that the facts set forth in it are true and complete. The above information is accurate and correct to the best of my knowledge. I hereby allow Institute on Aging to perform reference checks and/or verify any information provided on this form. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this reference check to give their full and honest evaluation of my suitability of the described volunteer / intern work and such other information as they deem appropriate. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.</p>		
Name (printed)	Signature	Date
Our Policy		
<p>It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability or military status. All volunteers must submit a negative PPD test result for tuberculosis exposure not more than six (6) months old or an appropriate physician's clearance. Certain volunteer positions will require criminal background check clearance.</p> <p style="text-align: center;"><i>Thank you for completing this application form and for your interest in volunteering with us.</i></p>		