



Volunteer Application Form

Date: _____

First Name: _____ M.I. _____ Last: _____

Address: _____

City, State, Zip: _____

Phone Number: Home: () _____ - _____ Other: () _____ - _____

E-mail Address: _____

Date of Birth: _____ Social Security Number _____ - _____ - _____

Are there specific days or times you are available to volunteer: *(Please list)*

Employed By: (if Employed) _____ Phone: _____

In the rare event a situation arises, may we contact you at work? () Yes () No

Do you drive () Yes () No Do you have any physical restrictions? () Yes () No

If Yes, please explain: _____

Current community activities: _____

List names and dates of any volunteer experience you may have: _____

What are your reasons for wanting to volunteer at Steuben County Council on Aging? _____

Have you ever been convicted of a crime other than a minor traffic violation: () Yes () No

If yes, Please explain reason, date and where: _____

Do you consent to a routine check of your criminal records? () Yes () No

Please list three references whom you know well, other than relatives, preferably from whom you have worked in either a paid or volunteer capacity. If you are currently working with, either paid or as a volunteer, please include the name of your supervisor.

Name:	Address:	Phone #	Length of time:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Please read and initial the following if you agree:

As a volunteer working at Steuben County Council on Aging, I understand that this is a volunteer position that entitles me to no wages or employee benefits from the Center for my services. _____

I understand that the information on this form will be added to a personnel volunteer file and that I may be contacted to volunteer in the areas specified. _____

I understand that Steuben County Council on Aging reserves the right to make any checks deemed appropriate as to suitability prior to doing so and all information will be held strictly confidential. _____

I understand that, as a Volunteer, all communication with the media on behalf of the C.O.A. must have prior authorization from the Executive Director. _____

I understand that either the C.O.A. or I can end this volunteer agreement without notice at any time. _____

Applicant signature: _____ Date: _____

Activities Coordinator signature: _____ Date: _____

Please return the completed application to Steuben County Council on Aging, 1905 Wohlert St., Angola, IN 46703. Upon receipt and review, an appointment will be set up for a brief interview.

Thank you for your interest.