

**SCHUYLER COUNTY OFFICE FOR THE AGING VOLUNTEER APPLICATION**

**Please complete application & submit to: Office for the Aging, 323 Owego. St. Unit 7, Montour Falls, NY 14865**

CONTACT INFORMATION			
Last Name:	First Name:	MI:	DOB: _____ Driver's License # _____-_____-_____
Home Address:	City:	State:	Zip Code:
Mailing Address if different from above:			
Home Phone:	Cell Phone: Accept text messages: _____	E-Mail Address: Email me the Golden Glow newsletter: _____	
VOLUNTEER EXPERIENCE			
Organization/Agency:		Date Started/Ended:	
Describe the work performed:			
Organization/Agency:		Date Started/Ended:	
Describe the work performed:			
EMPLOYMENT HISTORY			
Employer:		Date Started/Ended:	
Describe the work performed:			
Employer:		Date Started/Ended:	
Describe the work performed:			
EDUCATION			
Institution Name/Location:	Degree:	Courses Studied:	Currently Enrolled: Yes [ ] No [ ]
POSITION INTERESTS			
<b>What type of volunteer work are you interested in?</b> [ ] Meal Delivery [ ] Medication Pickup [ ] Grocery Shopping [ ] *Client Transportation [ ] Hello Neighbor Phone Chat [ ] Health Ins. Counseling [ ] Golden Glow Newsletter [ ] Meal Site Assistant *If you selected "Client Transportation" in the menu above, please initial: _____ I give permission to release my name, address, phone number and email address to Arc of Chemung-Schuyler and Transportation Link Line.			
AVAILABILITY			
<b>Time available for volunteering:</b> [ ] Mon [ ] Tues [ ] Wed [ ] Thurs [ ] Fri [ ] Sat (as needed) [ ] Sun (as needed) [ ] Morning (9:00am- Noon) [ ] Afternoon (Noon- 5:00pm) [ ] Evenings (5:00- 8:00pm) <b>Frequency of Availability:</b> [ ] Weekly [ ] Semi-Weekly [ ] Monthly [ ] Other - specify: _____			
ADDITIONAL COMMENTS:			

**SKILLS & INTERESTS****Check all that apply:**

CAREER SKILLS:  Education/Teaching  Event Planning  Fundraising  Healthcare  Marketing/Advertising  Carpentry  Photographer

COMPUTER SKILLS:  Microsoft Office Suite  Email  Social Media  Webpage Design  Video camera operator  Video editing

CLERICAL SKILLS:  Customer relations  Fast/accurate typing  Data Entry  Proofreading

SOCIALIZTION:  Work as a team  Work independently  Phone  In-person

Other special skills/hobbies/interests: \_\_\_\_\_

Why do you want to volunteer with Office for the Aging? \_\_\_\_\_

**OTHER**

Have you ever been convicted of a felony?

Yes  No

If yes, please explain. **Prior conviction does not automatically preclude you from volunteering**

Are you licensed to sell health insurance products? Yes  No  If yes, what is the status of your current license? \_\_\_\_\_

**PHYSICAL**

Do you require any accommodation(s) to successfully engage in your volunteer assignment?

Please list allergies, conditions or medications that OFA should be aware of in the event of an emergency, i.e. food allergies, cardiac condition, insulin dependent diabetes, medic alert bracelets/pendants, etc.

**EMERGENCY CONTACT**

First Name:

Last Name:

Home Phone:

Cell Phone:

Address:

Relationship:

**REFERENCES - Please list 2 references. Do not include relatives.**

Name:

Organization/Agency:

Relationship:

Email:

Phone Number:

Name:

Organization/Agency:

Relationship:

Email:

Phone Number:

**Please read the following statements carefully and sign and date on the corresponding lines**

Schuyler County Office for the Aging does not engage volunteers for COURT MANDATED COMMUNITY SERVICE.

Volunteers agree to serve any client with whom they come into contact regardless of race, creed, color, sex, sexual orientation, age or disability.

Some volunteer assignments require a criminal and/or motor vehicle background check. You will be advised if a background screening is required for your volunteer assignment. No background screenings will be conducted without your permission.

I hereby give my consent to the Schuyler County Office for the Aging to contact my references, past employers, and check my driving record.

In addition, by signing below, I verify that if providing health insurance counseling sessions, I am not licensed to sell health insurance products.

\_\_\_\_\_  
Applicant Signature (handwritten)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (handwritten)

\_\_\_\_\_  
Date



