

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: _____ Drivers License # _____-_____-_____
Home Address:	City:	State:	Zip Code:
Mailing Address if different from above:			
Home Phone:	Cell Phone: Accept text messages: _____	E-Mail: _____ Email me the bi-monthly Golden Glow newsletter: _____	
VOLUNTEER EXPERIENCE			
Organization/Agency:		Date Started/Ended:	
Briefly describe the work performed:			
Organization/Agency:		Date Started/Ended:	
Briefly describe the work performed:			
EMPLOYEMENT HISTORY			
Employer:		Date Started/Ended:	
Briefly describe the work performed:			
Employer:		Date Started/Ended:	
Briefly describe the work performed:			
EDUCATION			
Institution Name/Location:	Degree:	Courses Studied:	Currently Enrolled: Yes [] No []
AVAILABILITY			
What type of volunteer work are you interested in doing? [] Meal Delivery [] Medication Pickup [] Grocery Shopping [] Client Transportation [] Hello Neighbor phone chat [] Health Ins. Counseling			
Time available for volunteering: [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat As Needed [] Sun As Needed [] Morning (9:00am- Noon) [] Afternoon (Noon- 5:00pm) [] Evenings (5:00- 8:00pm)			
Frequency of Availability: [] 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

SOCIALIZATION: [] 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

