

Council on Aging of Elkhart County, Inc.

VOLUNTEER APPLICATION

PART I - GENERAL INFORMATION (Please use ink and PRINT all information)

LAST NAME: FIRST NAME: MIDDLE:

MAILING ADDRESS:

CITY: STATE: ZIP:

PHONE: (DAY) (EVENING) BIRTH DATE (required)

EMPLOYER/SCHOOL/ORGANIZATION: OCCUPATION:

PART II - VOLUNTEER DUTIES Please check all that apply to your status with the COA

- ☐ Money Management ☐ Special Projects/Fundraisers ☐ Packing and sorting food in Food Pantry
☐ Transportation ☐ Shopping & errands for seniors ☐ Typing, filing, computer input, phones
☐ COA Board Member ☐ Mailings (bulk) ☐ Lawn mowing and snow removal
☐ Train to become a SHIP Counselor ☐ Minor home maintenance/repair
☐ ☐ ☐ OTHER

Please list your job/personal experiences working with older adults.

Please share your hobbies/special interests.

Please indicate your availability: ☐ Weekdays ☐ Weeknights ☐ Weekends Town/City:

PART III - BACKGROUND INFORMATION (This section MUST be completed. All information is confidential.)

	Yes	No
Do you use illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with neglect, abuse or assault?	<input type="checkbox"/>	<input type="checkbox"/>
Has your drivers' license ever been suspended or revoked in any State?	<input type="checkbox"/>	<input type="checkbox"/>

(If you answered "yes" to any of the above questions, please attach a written explanation.)

If you plan to transport clients, drive other vehicles for the COA, or may do so in the future, you must provide driver's license information, if not please leave this blank

Do you have a valid driver's license? ☐ ☐ ☐ Yes ☐ No Please provide your Drivers License number State #

Please list two non-family member references below: (Please list complete address)

Name	Mailing Address	State	Zip	Phone #
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PART IV

Emergency Contact:

Name: Relationship

Address

Telephone: Home Work Cell

I understand that:

* The information that I have provided may be verified by a background check, a motor vehicle record check, or any other means deemed appropriate, and I give permission to the Council on Aging of Elkhart County to make inquiry of others concerning my suitability to act as a COA volunteer.

* The relationship between the Council on Aging and volunteers is an "at will" arrangement, and this application may be denied or the relationship may be terminated for any reason by either party.

* In the course of volunteering for the Council on Aging, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

* I grant the Council on Aging permission to use my likeness, voice, and words in television, radio, or in any form to promote activities of the Council on Aging.

* I affirm that I have read the above and that the information I have given is true and complete.

By your signature below, you hereby authorize us to obtain a criminal history report and driving record about you in order to consider you for a volunteer position.

SIGNATURE: _____ DATE _____

Social Security Number required for criminal history report. _____

**Return completed Application to:
Council on Aging of Elkhart County
131 W. Tyler St, Ste. 1A, East Wing
Elkhart, IN 46516
574-295-1820**

EXECUTIVE DIRECTOR VERIFICATION SIGNATURE _____ (required)

FOR OFFICE USE ONLY

PROGRAM	CLIENT ASSIGNED	START DATE	END DATE

Interviewed By: _____ Date _____

Interviewed By: _____ Date _____