

SCHUYLER COUNTY OFFICE FOR THE AGING VOLUNTEER APPLICATION

Personal Information			
Last Name:	First Name:	MI:	Birth Month: Day:
Home Address:	City:	State:	Zip Code:
Mailing Address if different from above:			
Home Phone:	Alternate Phone:	E-Mail Address:	
Volunteer Experience			
Organization/Agency:		Address:	
From: _____ To: _____	Contact Person:	Phone Number:	
Describe the work performed:			
Organization/Agency:		Address:	
From: _____ To: _____	Contact Person:	Phone Number:	
Describe the work performed:			
Employment History			
Employer:		Address:	
From: _____ To: _____	Contact Person:	Phone Number:	
Describe the work performed:			
Employer:		Address:	
From: _____ To: _____	Contact Person:	Phone Number:	
Describe the work performed:			

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Education			
Institution Name/Location:	Degree:	Courses Studied:	Currently Enrolled: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Other			
Have you ever been convicted of a felony? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		If yes, please explain.	
Please note that a former conviction does not automatically preclude you from volunteering.			

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:	Relationship:
Address:		
Home Phone:	Alternate Phone:	
Specifics		
What type of volunteer work are you interested in doing? (i.e. Office Assistant- OFA or Call Center, Chores, Health Insurance Counseling, Phone Pal, Respite, Home Repair or Modification, Meal Deliverer, Bus Buddy, Meal Site Manager, Food Service Aide, Shopping Assistant)		
Why do you want to volunteer with Office for the Aging?		

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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: _____		
References Please list 3 and Do Not include relatives)		
Name:	Organization/Agency:	Relationship:
Address:		Phone Number:
Name:	Organization/Agency:	Relationship:
Address:		Phone Number:
Name:	Organization/Agency:	Relationship:
Address:		Phone Number:

Please read the following statements carefully and sign and date on the corresponding lines. Once complete, return to:

Schuyler County Office for the Aging

323 Owego St., Unit 7

Montour Falls, NY 14865

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

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.

Applicant Signature

Date

Parent or Guardian Signature

Date

For Internal Use Only

Date Application received: _____

Reference Checks Complete: _____

Background Check Complete: _____

Date of Orientation: _____

Confidentiality Agreement Signed: _____