



HUNTINGDON-BEDFORD-FULTON AREA AGENCY ON AGING

VOLUNTEER APPLICATION

Position Applying for: Office Assistant Driver Apprise
 Ombudsman Senior Center

Date of Application: _____

Section 1:

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

In case of an emergency, whom should we contact?

Name: _____

Address: _____

Phone: _____ Relationship: _____

Section 2:

Previous Volunteer Experience:

Occupation or Past Occupation if retired: _____

Skills, interests, or talents that you would like to share: _____

Languages Spoken: _____

Do you have any experience working on computers? yes no

Section 3:

I am available: Once a week More than once a week One time only As Needed

Please complete the attached availability survey of times you would be available.

Section 4:

Do you have a valid PA driver's license? ___no ___yes

Driver's License Number: _____

Have you ever been convicted of any laws, traffic or otherwise? ___no ___yes

If yes, please explain: _____

Do you have any physical conditions that may limit the activities you may perform: ___no ___yes

If yes, please describe: _____

Section 5:

What interests you about volunteering for the Agency?

Personal experience ___ Personal fulfillment ___ Other _____

Have you ever volunteered for the Area Agency on Aging before: ___no ___yes

If yes, where?

What did you do in that volunteer role?

VOLUNTEER AGREEMENT

Huntingdon-Bedford-Fulton Area Agency on Aging complies with all laws regarding discrimination. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for volunteer services because of his or her race, color, religion, sex, age, national origin, or physical disability not related to volunteer's assignment.

I agree to conform with the rules and regulations of the HBF AAA to the best of my ability. I agree to respect the confidential nature of my personal contacts with the senior participants. I will share no information about the senior participants except with the supervising staff person. You will be asked to sign a confidentiality statement.

I also agree to a PA State Police Criminal Background Check, which is required of all employees and volunteers.

Signature _____ Date _____