Bay County Council on Aging - Volunteer Program

Volunteer Enrollment Form

Volunteer Placement

_____/_____/_____

Assignment **Location** **Date**

Print Name: _____Veteran ____Yes____No

Age: _____ Date of Birth: _____ Male ☐ Female ☐

Address: _____ City:_____ State: _____ Zip:_____

Phone: _____ Email: _____

Emergency Contact:_____ Phone:_____

Driver's License#: _____ State: _____ Exp. Date ___/___/____

Auto Insurance _____ Policy# _____ Exp. Date ___/___/____

Days and hours available _____

Tell us in which areas you are interested in volunteering.

- ☐ Activities
- ☐ Clerical/Office Help
- ☐ Congregate Site Assistant-Couliette Center
- ☐ Congregate Site Assistant-Lynn Haven
- ☐ Disaster Evacuation/Relief
- ☐ Handy Person
- ☐ Kitchen Assistant
- ☐ LIHEAP/Energy Assist
- ☐ Meals-on-Wheels
- ☐ Receptionist
- ☐ Respite Center Volunteer
- ☐ Special Delivery
- ☐ Special Events : *Fall Fest,Food Drive,etc.*
- ☐ Volunteer Advisory Board
- ☐ Volunteer Transportation
- ☐ Web design/maintenance
- ☐ Yard Maintenance

List any special Skills. _____

_____

Do you have any previous volunteer experience? _____

_____

Required Documents: 1. Copy of Driver's License 2. Proof of Automobile Insurance

Background Screening: A formal background check will be required for all volunteers who provide a one-on-one client service and volunteer more than 20 hours a month. A national sex offender and abuse registry screening will be conducted on all volunteers. All volunteers will sign the agency's Good Moral Character affidavit.

_____

I certify that the information supplied by me is true and correct to the best of my knowledge and that I have read and understood the contents of this enrollment form. I give Bay County Council on Aging permission to release information about my volunteer service such as take photos and/or videos for the purpose of education and informational materials. I agree to keep any information that I may learn about Council on Aging Program Recipients confidential. If I use my vehicle in the performance of my volunteer duties, it is my responsibility to maintain motor vehicle insurance, maintain a valid driver's license and inform the Council on Aging if my driving privileges are revoked or suspended.

Signature: _____ Date: _____

For Office Use Only:

Vol.Reporter___WelcomeLetter___Folder___NSOR___SUG___GoogleContacts___Name Tag___Photo_____

MOW: Copy to Hope ___Respite___LHSC___Site #3___ Transportation: Add to Client Request Form _____

BCCOA Staff Signature _____ Date: _____ *revised 6/2017*