



Bay County Council on Aging - Volunteer Program

Volunteer Enrollment Form

Volunteer Placement

Assignment _____

Location _____

Date _____

Print Name: _____

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
- Community Based Volunteering
- Congregate Site Assistant-Couliette Center
- Congregate Site Assistant-Lynn Haven

- Disaster Evacuation/Relief
- Fall Festival
- Handy Person
- Kitchen Assistant
- LIHEAP/Energy Assist

- Meals-on-Wheels/Home Delivery
- Receptionist
- Respite Center Volunteer
- 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 ___

MOW: Copy to Hope ___ Transportation: Add to Client Request Form ___

BCCOA Staff Signature _____ Date: _____