



Volunteer Application Form

Thank you for your interest in volunteering! Please complete this form and return it to our office. We will contact you to talk more about your availability and to schedule volunteer training.

Date Applied:

Personal Information			
Name:		Birth Date:	
Address:			
City:	State:	Zip:	
County:		Township:	
Phone #:		Other Phone #:	
Email Address:			
Emergency Contact:		Relationship:	
Phone #:		Alternate Phone #:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Do you go away for the winter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/>			
How Did You Hear About KCOA's Volunteer Opportunities?			

Employment	
Currently Retired <input type="checkbox"/> or Employed <input type="checkbox"/>	
Current or Previous Employer:	Phone #:
Occupation:	
Briefly Describe (attach a resume if desired):	

Education and Previous Volunteer Experience		
Highest Level of Education Obtained: Some High School <input type="checkbox"/> High School <input type="checkbox"/> Trade School <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/>		
Please list your past and present memberships on boards, committees, and organizations: (business, civic, community, fraternal, professional, recreational, religious and social).		
Organization:	Role or Title:	Dates of Service:
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Please list notable achievements in your service to above organizations:		
Do you have specific interests, abilities, or hobbies? Please explain:		

References – Please list two that are NOT relatives or Kalkaska Commission on Aging Employees			
#1 Name:		Relationship:	
Address:			
City:	State:	Zip Code:	Phone#:
#2 Name:		Relationship:	
Address:			
City:	State:	Zip Code:	Phone#:

Volunteer Role(s) Considered - Check All That Apply					
Entertainment		Artistic		Business	
Guitar		Graphic Arts		Fundraising	
Musical Group		Photography		Grant Writing	
Piano		Design of Exhibits & Posters		Planning	
Vocal		Knitting		Legal	
Other Instrument(s): _____		Sewing		Marketing	
		Crocheting		Human Resources	
		Dance		Policy Development	
Decorating				Public Relations	
Seasonal Decorating		Manual Skills		General Accounting	
Christmas Tree Decorating		Gardening		Other _____	
		Wood Working			
Transportation		Handy Person		Clerical	
HDM Meal Delivery				Typing	
Delivery of Small Items		Miscellaneous		Answering Phones	
Commodities Driver		Kitchen Work		Filing/Coping	
Commodities Deliverer (Must be able to lift 40 lbs.)		Dining Room Work		Labeling/Stuffing Envelopes	
		Telephone Reassurance Calls		Article Writing	
Medical Transportation		Light Cleaning		Newsletter Preparation	
Craft Instructor		Recycling Assistance		Letter Writing	

Volunteer Role(s) Considered - Check All That Apply			
Medicare/Medicaid Assistance Program (MMAP)	Committees		Technology Programs
	Arts & Crafts		Class Instructor
MMAP Counselor (6-day training required/provided)	COA Advisory Board		Class Tutor/Assistant
	Programs/Party Planner		Private Tutor
Day Trip organizer	Fund Development		Other:
Exercise Leader	Dining Out/Front Desk		

Availability and Time Commitment					
	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

Medical History
<p>Do you have any physical limitations that would affect your ability to perform your volunteer duties? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Volunteer Consent and Confidentiality Statement

I volunteer my services for Kalkaska Commission on Aging ("**KCOA**") and understand that I am not an employee.

I hereby agree to regard all information received in the performance of my volunteer work as confidential. I further agree to respect individual rights to privacy, as well as those of the families and the facility for whom I am volunteering. I will make every effort to abide by the confidentiality policies of **KCOA**. I understand that any breach or violation of this agreement will be considered grounds for reprimand and/or dismissal. I understand that **KCOA** will respect my rights regarding privacy of information. **KCOA** agrees to respect those rights in the performance of my volunteer duties and keep a "professional" confidentiality in all my statements outside the facility.

I hereby consent to the use of my name and/or photograph by **KCOA** in any media (newspapers, publications, PowerPoint presentations, advertising, promotional materials, etc.) and exhibits. I hereby also release and discharge the photographer from any and all claims, including any claims for libel and/or invasion of privacy that may arise out of or in connection with the use of the photographs to which I have agreed herein. **(Please initial here _____ if you do not consent.)**

I hereby agree to follow any training or written job procedures provided to me in the performance of my volunteer work for **KCOA** and agree to notify **KCOA's** volunteer coordinator with any questions or concerns I might have.

I also agree to contact the **KCOA** volunteer coordinator as soon as possible if I am unable to report for my volunteer job.

I hereby agree to notify **KCOA** 's volunteer coordinator if I am injured while performing volunteer work for **KCOA**. I also agree to provide the details of any injuries for required **KCOA** accident reports.

I understand that **KCOA** may conduct reference checks regarding my background and history if deemed necessary. I understand that all the information provided/obtained will be kept strictly confidential.

I agree that I will not solicit contributions from **KCOA** clients or program participants. I will not offer for sale any type of merchandise or service, or seek to encourage the acceptance of any belief, religion, philosophy, or political affiliation to any **KCOA** client or program participant.

I agree not to accept any money or gifts for my volunteer services or to give or loan money to **KCOA** clients.

Automobile Insurance Statement

I understand if I use my personal automobile in my volunteer service, that I must have a current driver's license and keep automobile liability insurance in effect equal to the minimum limits required by the State of Michigan. I will inform Kalkaska Commission on Aging of any future changes.

Please indicate that you've read and agree to have a current driver's license and automobile liability insurance by checking the box.

Volunteer's Signature

Date

KCOA Volunteer Coordinator's Signature

Date

Non-Discrimination Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Thank you for completing this application form and for your interest in volunteering with us.

KALKASKA COMMISSION ON AGING AUTHORIZATION FOR BACKGROUND CHECK

I, _____ HEREBY AUTHORIZE **Kalkaska Commission on Aging** to perform a check of background including:

- Any driving records
- Any educational and/or employment/work history
- Personal references
- ICHAT State of Michigan Police background check (This information will include but not be limited to allegations and convictions for crimes committed upon minors)
- Any other police and/or agency records to the extent permitted by state and federal law
- National and Michigan Public Sex Offender Registry (PSOR)

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from certain job considerations. I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of **Kalkaska Commission on Aging**. I further hereby hold harmless Kalkaska Commission on Aging and/or its representatives from any actions which may be taken upon receipt of this information.

Print Name: _____ Date: _____

Signature: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(Please Print Legibly)

Last Name _____

First Name _____ Middle Name _____

Maiden Name/Alias _____

Street Address _____ Mailing Address if different _____

City/State/Zip _____

Date of Birth _____

Email Address (required) _____

Driver's License Number # _____ Expiration Date _____ or

Michigan ID # _____ Expiration Date _____

Race _____ Gender _____

Please check here if you would like a copy of your background results emailed to you