



## APPLICATION FOR VOLUNTEER

TODAY'S DATE \_\_\_\_\_

### Personal Information

PRINT YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Preferred : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Occupation (past occupation if retired): \_\_\_\_\_  Retired  Working

Why are you interested in volunteering at WCCOA? \_\_\_\_\_

Do you have a valid drivers license?  Yes  No

Diverse License Number: \_\_\_\_\_

### Interested In Helping With (select all that apply)

- In City (Cadillac) Deliveries  Out of City Deliveries (Manton/Mesick/Boon/ Harrietta/ Wellston)
- Commodity Delivery (Monthly/Quarterly/Both)
- Friendly In-Home Visitor  Office Work  Grocery Shopping/Delivering
- Respite Provider  Helping with Special Events

### I am Available:

- Mornings (Mon-Fri)  Afternoons (Mon-Fri)  Evenings (Mon-Fri)
- As Needed  Weekly  Monthly  Other \_\_\_\_\_

More Information about Availability: \_\_\_\_\_

**For Friendly In-Home Visitors (check all that apply):**

- I enjoy card games. What Kinds \_\_\_\_\_
- I enjoy knitting or sewing
- I enjoy puzzles
- I enjoy board games
- I enjoy talking/socializing one on one

Hobbies you are interested in?

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Are you comfortable with dementia clients?  Yes  No

Are you comfortable in a home that may not have the same beliefs as you?  yes  no

Are you comfortable visiting clients that are the opposite gender as you?  yes  no

Are you comfortable in a smoking home?  Yes  No

Are you comfortable with pets in the home?  Yes  No

What areas are you willing to travel to? (Check all that apply)

Manton  Mesick  Boon  Harrietta  Wellston  Copemish  Cadillac  Yuma

Is there any training you would like us to provide for you to feel more comfortable in the home?

Below please add anything that might help us match you with the perfect senior.



**NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER REPORT OTHER BACKGROUND INFORMATION**

I, the undersigned individual, do hereby authorize the **Wexford County Council on Aging** to procure a consumer credit report, educational records, employment records, criminal records, driving records and/or other pertinent report on me for employment purposes.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Wexford County Council on Aging**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq.

I request a copy of my background investigation report  I waive my right to a copy of my report

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the **Wexford County Council on Aging**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the **Wexford County Council on Aging**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing information listed above.

I understand that this Notice/Authorization/Release form shall remain in effect for the duration of my employment with the **Wexford County Council on Aging**.

**(PLEASE TYPE OR PRINT CLEARLY IN INK)**

Full Name: \_\_\_\_\_  
                    First,      Middle, Last

Alias/Maiden name(s) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Race: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_