Volunteer Application Form

Name ____________________________ Application Date ____________________________

Last ______ First ______ MI ______

Address ____________________________ City ____________________________

State ______ Zip ____________________ Date of Birth ____________________________

E-Mail Address ____________________________ Home Phone ____________________________

Cell Phone ____________________________

for Background Check
Male _____ Female _____ Race: White ______ American Indian or Alaska Native ______
Black/African American ______ Asian or Pacific Islander ______

Please indicate the days and times you are available.

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Emergency Contact: ____________________________ Phone # ____________________________ Relationship ____________________________

Volunteering is required for:

☐ School

☐ Court Ordered (Call Volunteer Office for Appt.)

☐ Work Requirement

☐ Other: ____________________________

Middle/High School / College Students:
School ____________________________ Graduation Year ____________________________

Major: ____________________________

All Volunteers:
Please list any specific areas you are interested in volunteering in and/or teaching/facilitating:

____________________________________

____________________________________

____________________________________

Do you speak any languages other than English? Yes ☐ No ☐ If yes, please list ____________

(Over)
For Meals on Wheels Delivery: Please provide two personal references. Do not list relatives.

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Date available to start: __________________________

Photo Release:
I hereby consent to and authorize the use and reproduction by OPC of any and all photographs and any other audio/visual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or any other use for the benefit of OPC programs.

Yes  No  (circle one)

Initials (Parent/Guardian if under 18): __________  Date: __________

If you have been convicted of a crime or have charges pending you may not deliver meals.

I certify that the statements made in the volunteer application are true and correct and have been given voluntarily. I understand and agree that submitting this application does not automatically register me as an Older Persons’ Commission volunteer and that there is no salary or compensation for my services as a volunteer. I authorize the Older Persons’ Commission to complete a criminal background check and contact the references provided. I release the Older Persons’ Commission and references from damages due to furnishing such information.

Confidentiality Statement
I understand the information I receive about OPC clients or proprietary information while volunteering is confidential, and names, addresses and phone numbers may not be revealed to any other persons or organizations. No solicitation of any sort is permitted. This includes, but is not limited to religious materials, promotion of a business, and sales or service of products.

Print name __________________________  Signature _______________________  Date __________

Signature of parent/guardian if under 18 years ______________________________   Date __________

Please return this form to the OPC.

Volunteer Office Use Only
Date application received __________  Background check completed __________
Referred to _________________________ Date __________
Position(s)
Interviewed By ______________________  Handbook Given

Entered in Teacup  Initials/Date: __________
Entered in MSC  Initials/Date: __________

Special Notes: