

**LAKE COUNTY COUNCIL ON AGING
VOLUNTEER APPLICATION**

Please print clearly

GENERAL INFORMATION

Name: _____
(last) (middle) (first)

Address: _____
(street)

(city) (zip)

Telephone Number: (day) _____ (evening) _____

E-Mail: _____

Volunteer Position you are applying for: _____

Location: _____

Do any physical/mental conditions exist that would prevent you from fully performing the duties described in the Volunteer Position Description in which you are applying for?

No _____ Yes, Please explain _____

Where did you learn about LCCoA and our volunteer opportunities?

EMPLOYMENT HISTORY:

Company's Name: _____ Date Employed: _____

Address: _____
(street) (city) (zip)

Profession: _____

EDUCATIONAL BACKGROUND

Name of High School: _____

Highest grade completed: _____

Name of college or trade school: _____

VOLUNTEER APPLICATION
CONTINUED

ADDITIONAL INFORMATION

Briefly describe your experiences with senior citizens: _____

Briefly describe your volunteer background with other organizations: _____

What skills, training or knowledge do you wish to utilize at Lake County Council on Aging?

Do you have homeowner's or tenant's liability insurance?

No ____ Yes, Name of insurance company: _____

Do you have bodily injury liability insurance on your automobile?

No ____ Yes, Name of insurance company: _____

Have you ever been convicted of a crime? No ____ Yes, Explain _____

Have you been convicted of a traffic violation in the last three years?

No ____ Yes, Explain _____

Please indicate special interests and skills: (check all that apply to you)

- Answering phones
- Filing
- Typing
- Collating/mailing
- Computer/data entry
- Insurance assistance
- Gardening
- Music/Art
- Foreign languages _____
- Photography

Do you have other special interests or hobbies not mentioned above that you might like to share?

Would you like to work on special projects with clients in their homes?

Yes No

I hereby certify that the above information is true, accurate, and complete, and that it may be shared with staff on the Lake County Council on Aging.

Signature

Date

*Acceptance as a volunteer does not guarantee being hired into paid employment should a position be available.

LAKE COUNTY COUNCIL ON AGING
REFERENCE REQUEST/EMERGENCY CONTACT INFORMATION

Please list three references who have known you for at least two years. Please do not include relatives. References may include: current employer, supervisor, college professor, minister.

Name: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Relationship: _____

Name: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Relationship: _____

Name: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Relationship: _____

EMERGENCY CONTACTS:

NAME: _____ Day phone: _____

RELATIONSHIP: _____ Evening Phone: _____

NAME: _____ Day phone: _____

RELATIONSHIP: _____ Evening Phone: _____

LAKE COUNTY COUNCIL ON AGING
VOLUNTEER CONFIDENTIALITY FORM

PASSPORT VOLUNTEERISM

I have received written material regarding the PASSPORT Program and the Lake County Council on Aging.

AGENCY-VOLUNTEER AGREEMENT

The Lake County Council on Aging agrees to provide adequate information, training, and supervision to each volunteer. We respect the skills, dignity and individual needs of the volunteer and will do our best to adjust to these individual requirements. We will be receptive to any comments from volunteers regarding the ways in which we might mutually better accomplish our respective tasks. We will treat volunteers as an equal partner with agency staff, jointly responsible for the completion of our agency mission.

I agree to serve as a volunteer to the Lake County Council on Aging and to perform my duties based on my position description, the eligibility standards and policies, and to the best of my abilities. I agree to adhere to the agency rules, procedures, record keeping requirements, and confidentiality of the agency and client information. I will meet time and duty commitments or provide adequate notice so that alternate arrangements can be made.

Volunteer Signature

Date

**DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR VOLUNTEERING PURPOSES**

Funding for the Lake County Council on Aging requires the agency to obtain a **Motor Vehicle Report** on all new volunteers for proof of a valid driver's license. The use of Motor Vehicles Reports for other than insurance underwriting (i.e. volunteering) falls under the Fair Credit Reporting Act. Therefore, this form must be completed by all applicants prior to our request for an **MVR**.

The undersign hereby authorizes the Lake County Council on Aging, or its insurance agency, Yert Insurance Agency, or its assigns, to obtain copies of consumer reports, including a Motor Vehicle Report, pertaining to me for volunteering purposes, and for use in rating and/or underwriting insurance for which the above-named agency may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

SIGNED: _____

PRINTED: _____

DRIVERS LICENSE NO. _____

STATE: _____