 

**VOLUNTEER APPLICATION**

**Please complete front and back of every page.**

|  |  |
| --- | --- |
| NAME | DATE |
| ADDRESS | HOME PHONE |
| CITY, STATE, ZIP | CELL PHONE |
| EMAIL | BIRTHDATE |
| PREFERED METHOD OF CONTACT (CIRCLE ALL THAT APPLY) HOME CELL TEXT EMAIL | |
|  | |
| EMPLOYER | DATES |
| POSITION | |
|  | |
| HIGH SCHOOL | GRADUATED |
| COLLEGE | DEGREE |
| TECHNICAL TRAINING, CERTIFICATIONS OR OTHER EDUCATION | |
|  | |
| HOW DID YOU HEAR ABOUT LCCOA? | |
| DO YOU HAVE ANY EXPERIENCE WORKING WITH SENIORS OR VOLUNTEERING? IF YES, BRIEFLY EXPLAIN. | |
| WHY WOULD YOU LIKE TO VOLUNTEER? | |
|  | |
| I AM OPEN TO VOLUNTEERING IN THE FOLLOWING POSITIONS: (CIRCLE ALL THAT APPLY)  MEALS ON WHEELS DRIVER KITCHEN AIDE GROCERY SHOPPER FRIENDLY VISTOR  OFFICE SUPPORT COMMUNITY + EVENT | |
| SKILLS, EXPERIENCE OR SPECIAL INTEREST YOU WOULD LIKE TO SHARE AS A VOLUNTEER? | |
| I AM AVAILABLE TO VOLUNTEER IN (CIRCLE ALL THAT APPLY)  EASTLAKE MADISON MENTOR PAINESVILLE WICKLIFFE VIRTUALLY ANY | |
| PLEASE INDICATE DAYS AND TIMES THAT YOU ARE AVAILABLE  MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY  AM AM AM AM AM AM AM  AFT AFT AFT AFT AFT AFT AFT  EVE EVE EVE EVE EVE EVE EVE | |
| Do you have physical/mental conditions that would prevent you from fully performing the duties described in the volunteer position description for which you are applying?  If so, please discuss with your interviewer any special needs. | |
|  | |
| Have you been issued a traffic violation in the last 3 years? YES NO  If yes, please explain: | |
| Have you ever been convicted of a misdemeanor or felony? YES NO  If yes, please explain: | |
|  | |
| **REFERENCE REQUEST**  Please list three references who have known you for at least two years. Please do not include relatives.  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **EMERGENCY CONTACT**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| The Lake County Council on Aging strives to provide a positive volunteer experience. Volunteers are treated as an equal partner with agency staff, jointly responsible for the fullfillment of the agency’s mission. Volunteers are provided information, training, supervision and support to accomplish a quality outcome.  I agree to serve as a volunteer to the Lake Conty Council on Aging and to perform my duties based on my position description, the eligibility standards and polcies, and to the best of my abilities. I agree to adhere to the agency rules, procedures, record-keeping requirements and confidentiality practices. I will meet time and duty requiremements or provide adequate notice so that alternate arrangements can be made. As a volunteer, I agree to serve without expectation or promise of current or future compensation or employment.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If under the age of 18, Parent Signature is required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Please return completed application to:**

Aarmaro@Lccoa.org

Lake County Council on Aging

Attn: Ann Marie Armaro

8520 East Ave

Mentor, OH 44060



**DISCLOSURE REGARDING CONSUMER REPORTS**

**(For Volunteers)**

Please be advised that one or more consumer reports may be obtained by Lake County Council on Aging (“LCCOA”) for purposes of considering my eligibility to serve as a volunteer. Such reports may include criminal background checks and other court records, educational history and verification, employment history and verification, professional credentials, motor vehicle records, credit checks, and may include other subjects, as permitted under applicable law.

These consumer reports may also include investigative consumer reports, including information obtained through interviews and concerning your character, general reputation, personal characteristics, and mode of living. If the Company obtains an investigative consumer report, you may request in writing a written summary of your rights under the Fair Credit Reporting Act and a complete and accurate disclosure of the nature and the scope of the investigation requested in the investigative consumer report.

To give your consent for the above mentioned reports to be administered, please complete the next two pages completely to give your consent. Thank you.

**(PLEASE READ CAREFULLY BEFORE SIGNING)**

1. I have read the Disclosure Regarding Consumer Reports (For Volunteers).

2. I hereby authorize Lake County Council on Aging (“LCCOA”) to obtain consumer reports, including investigative consumer reports, concerning me for purposes of considering my eligibility to serve as a volunteer. Such reports may include criminal background checks and other court records, educational history and verification, employment history and verification, professional credentials, motor vehicle records, credit checks, and may include other subjects permitted under applicable law. **This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure consumer reports, including investigative consumer reports, for lawful purposes at any time during my volunteer period or if I wish to volunteer again.**

3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agencies, financial institutions, or any other person or agency having knowledge of me to relate information or opinions about me, including data received from other sources, in order that I may be considered. Such information and data may be provided to the consumer reporting agency designated by the Company, and may be released to the Company.

4. I understand that a criminal record is not an automatic disqualifier, except when required under applicable federal, state or local law.

5. I have received the document called, “A Summary of Your Rights Under the Fair Credit Reporting Act.”

6. A copy of this authorization shall be valid as an original.

7. I agree that if any volunteer activities for LCCOA involve driving, I will not drive unless I have a valid driver’s license, and I have insurance coverage that meets the minimum requirements of the Ohio Financial Responsibility Act, and I have no more than six (6) points on my driving record.

8. By signing below, I also consent to electronic communication for any documents relating to my background check, and I authorize the Company to communicate with me by email for all purposes related to the background check process. If I do not agree to electronic communications, then I will write “Electronic Consent Denied” on the line below for my email address.

AGREED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE (Please Sign in Ink) PRINT FULL NAME

TODAY'S DATE

OTHER NAME BY WHICH KNOWN OTHER NAME BY WHICH KNOWN

SOCIAL SECURITY NUMBER DATE OF BIRTH

DRIVER’S LICENSE NUMBER DRIVER’S LICENSE JURISDICTION

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME TELEPHONE NUMBER EMAIL ADDRESS

COMPLETE CURRENT ADDRESS

Since (Month/Year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PREVIOUS ADDRESSES (IF AT CURRENT ADDRESS FEWER THAN 10 YEARS):

FROM (Month/Year) TO (Month/Year)



FROM (Month/Year) TO (Month/Year)



FROM (Month/Year) TO (Month/Year)

