

Shenandoah Area Agency on Aging

AGENCY VOLUNTEER REGISTRATION FORM

NAME: _____ BIRTH DATE: ____/____/____

ADDRESS: _____ CITY: _____ ZIP _____

PHONE: _____ E-Mail: _____ GENDER: ____ COUNTY/CITY: _____

EMPLOYMENT EXPERIENCE: _____

VOLUNTEER EXPERIENCE: _____

EMERGENCY CONTACT: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

IF YOU WILL VOLUNTEER TO DRIVE, FILL IN BELOW:

LIST ANY TRAFFIC VIOLATIONS IN THE LAST FIVE (5) YEARS: _____

MY AUTOMOBILE INSURANCE COMPANY IS: _____

MY DRIVER'S LICENSE NUMBER IS: _____

MY DRIVER'S LICENSE EXPIRES ON: ____/____/____

I AM WILLING TO TRANSPORT OTHERS: YES ____ NO ____

I, _____, volunteer my services through the Shenandoah Area Agency on Aging. I understand that I am not a paid employee. I give my permission for the Agency to use my photograph for promotional purposes. If I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum required by the State of Virginia. If I drive as a volunteer, I will notify the Shenandoah Area Agency on Aging if there is any change in my driving status.

_____/____/____ _____ _____ _____
Signature of Volunteer Date Signature of Agency Staff Date

BACKGROUND CHECK: The Agency's policy requires a background check on all volunteers before placement. SAAA will cover this cost; however, donations are gratefully accepted.

I AM WILLING TO VOLUNTEER IN THE FOLLOWING JURISDICTIONS: ____ Clarke ____ Frederick ____ Page
____ Shenandoah ____ Warren ____ Winchester

I HAVE A SPECIAL INTEREST IN WORKING WITH: __ Senior Center __ Our Place (Social Model Group Respite Center for persons with early to mid-stage Alzheimer's disease) ____ SAAA Main Office in Front Royal

I AM AVAILABLE during the day: ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Special Events/Weekends or Evenings

Additional Info (times, first Mondays, etc.) _____

Please Complete Other Side!

PLEASE CHECK AREAS IN WHICH YOU MIGHT LIKE TO VOLUNTEER:

- | | |
|---|--|
| <input type="checkbox"/> Arts & Crafts Programs at Centers | <input type="checkbox"/> Senior Medicare Patrol Volunteer |
| <input type="checkbox"/> Board/Advisory Committee Member | <input type="checkbox"/> Kitchen Assistant at Senior Center |
| <input type="checkbox"/> Staff Agency Booth at Special Events | <input type="checkbox"/> Assist with Large Mailings |
| <input type="checkbox"/> Clerical/Office Assistance | <input type="checkbox"/> Meals on Wheels Delivery (Riding Van) |
| <input type="checkbox"/> Musician (List instruments below.) | <input type="checkbox"/> Screener (Blood Pressure, etc.) |
| <input type="checkbox"/> Computer/Data Entry (List software below.) | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Van Driver (Pick up participants or deliver meals) | <input type="checkbox"/> Program Aide (<i>Our Place</i> Respite Center) |
| <input type="checkbox"/> Entertainer (List skills below) | <input type="checkbox"/> Public Speaker |
| <input type="checkbox"/> Insurance Counselor (Training provided) | <input type="checkbox"/> Visit Nursing Homes (Ombudsman) |
| <input type="checkbox"/> Fund Raising | |

OTHER: _____

IF YOU HAVE BACKGROUND/SKILLS/INTEREST IN ANY AREA NOT SHOWN ABOVE, PLEASE LIST:

ON OCCASION, WOULD YOU BE WILLING TO CONTACT LOCAL, STATE, OR FEDERAL GOVERNMENT OFFICIALS REGARDING LEGISLATION OR FUNDING PERTAINING TO OLDER CITIZENS?

- YES
 NO

I AM A MEMBER/OFFICER IN THE FOLLOWING ORGANIZATIONS:

I LEARNED ABOUT THE SHENANDOAH AREA AGENCY ON AGING THROUGH: _____

Please return this form to:

**Kim Midtgard, Development Office Assistant
Shenandoah Area Agency on Aging
207 Mosby Lane
Front Royal, VA 22630**

Toll Free: (800) 883-4122 x1010

Local: (540) 635-7141 X 1004

Fax: (540) 636-7810

Email: k.midtgard@shenandoahaaa.com