

# Shenandoah Area Agency on Aging

## AGENCY VOLUNTEER REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ COUNTY/ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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
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**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- **Page**) \_\_\_ SAAA Main Office in Front Royal

**I AM AVAILABLE during the morning of:** \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_  
or \_\_\_\_\_ 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:**

(Positions vary in each jurisdiction)

- |  |   |
|--|---|
| <input type="checkbox"/> Arts & Crafts Programs at Center                      | <input type="checkbox"/> Senior Medicare Patrol Volunteer   |
| <input type="checkbox"/> Clerical/Office Assistance                            | <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"/> Meals on Wheels Delivery (Riding Van)                 | <input type="checkbox"/> Van Driver (Substitute Position)   |
| <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"/> Program Aide ( <i>Our Place</i> Respite Center- Page) | <input type="checkbox"/> Visit Nursing Homes (Ombudsman)    |
| <input type="checkbox"/> Entertainer (List skills below)                       | <input type="checkbox"/> Public Speaker                     |
| <input type="checkbox"/> VICAP Insurance Counselor (Training provided)         | <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:**

**Roberta Lauder, Director of Resource Development**  
**Shenandoah Area Agency on Aging**  
**207 Mosby Lane**  
**Front Royal, VA 22630**

**Email: r.lauder@shenandoahaaa.com**  
**Local: (540) 635-7141 X 1010**  
**Fax: (540) 636-7810**