



“VOICE”

VOLUNTEER APPLICATION

Miss Ms. Mrs. Mr. (please circle one)

Date: _____

Name: _____
 First (formal) MI Last

AKA Name: _____

Address: _____

Gender: Male Female

Marital Status: _____

E-MAIL _____ Municipality: _____ Phone #: _____

Date of Birth: _____ (mm/dd/yyyy) Social Security #: _____

Race: White Black/African American Hispanic/Latino Asian American Indian Native Hawaiian

Do You Live: Alone With Spouse With Child With Other Family Other

Are you currently receiving the Agency Newsletter? YES NO

If no, would you like to be added to the mailing list? YES NO

Volunteer Programs you would be interested in:

- | | | |
|---|---|--|
| <input type="checkbox"/> APPRISE | <input type="checkbox"/> Healthy Steps Leader | <input type="checkbox"/> Telephone Reassurance |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Ombudsman | <input type="checkbox"/> VITA |
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Senior Centers | Other: _____ |

Available: Hours: _____ Days of Week: _____ Months: _____ Starting: _____

How did you hear about the Program? _____

What physical conditions should be taken into consideration in arranging volunteer assignments for you? _____

Previous Work or Occupation: _____

Education and Training: _____

Have you ever been convicted of a felony or misdemeanor classified as an offense against a person Or family member? No _____ Yes- If yes, Please explain _____

Please complete all information so that we may provide you with the appropriate accident and life insurance coverage during your volunteer assignment. The Agency requires this information to be on file for all volunteers.

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Address: _____

Phone #: _____(H) _____(W)

BENEFICIARY: (Accident / Life Insurance)

Name: _____

Relationship: _____

Address: _____

Phone #: _____(H) _____(W)

Will you be using your automobile to and from your volunteer assignment? YES NO

If yes, please submit a copy of your driver's license and insurance card.

Driver's License #: _____ Expiration Date: ____/____/____

Insurance Company: _____

If not, how will you get to and from your assignment?

Van Public Transportation Walk Ride with another Volunteer

INSURANCE STATEMENT FOR ANYONE USING THEIR OWN VEHICLE:

I understand that, if I use my own automobile in my volunteer work, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by Pennsylvania law.

X _____ DATE: ____/____/____

Volunteer Signature

My signature below indicates that I am aware of the fact that I volunteer my services through Blair Senior Services, Inc., and I understand that I am not an employee of Blair Senior Services, Inc.

X _____ X _____

Volunteer Signature

Program Director/Coordinator Signature

Please return this form to: VOICE
Blair Senior Services, Inc.
1320 Twelfth Avenue
Altoona, PA 16601-3308

Reviewed/Entered By: _____ Date: _____