



BLAIR SENIOR SERVICES

AREA AGENCY ON AGING

1320 TWELFTH AVENUE ALTOONA, PA 16601

MAIN OFFICE
814-946-1235
1-800-245-3282

TRANSPORTATION
814-695-3500
1-800-458-5552

www.blairsenior.org

VOICE Volunteer Application

Miss Ms. Mrs. Mr. (please circle one) Date: _____

Name: _____ Marital Status: _____
First (formal) MI Last

Address: _____
Street City/State Zip

Municipality: _____ E-mail: _____

Telephone #: _____ (Home) _____ (Cell)

Volunteer Programs you would be interested in:

- APPRISE (Medicare Counseling)
- Senior Centers
- VITA (Income Tax Preparation)
- Commodity Box Distribution
- Meals on Wheels (see below)
- Other: _____
- Healthy Steps Leader
- ___ Driver or ___ Carrier

If you are interested in volunteering with the Ombudsman Program, please contact our Agency at (814) 946-1235.

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

How did you hear about the Program? _____

Current/Previous Work or Occupation: _____

Education and Training: _____

TRANSPORTATION:

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.

Please read and complete the attached Criminal History Background Check Consent form.

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application and in any interviews with the Program staff. I certify that the information provided is true, correct and complete to the best of my knowledge. I certify that I will not withhold any information that would unfavorably affect my application. I understand that the information contained will be verified by Program staff and that any misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or termination as a volunteer by Blair Senior Services, Inc. In addition, I am aware of the fact that I am applying for a volunteer position and if selected, will not be an employee of Blair Senior Services, Inc.

X _____
Volunteer Signature

Date

Please return forms to: Blair Senior Services, Inc.
1320 12th Avenue
Altoona, PA 16601-3308

Office Use Only:

Program Director/Coordinator Signature

Date

Entered By

Date