

Benzie County Council on Aging, Inc.
Volunteer Registration

Current Name: _____ Birthdate: _____

Previous Name(s) (i.e. maiden): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License # _____ Expiration Date: _____ (Please attach a copy)

Do you have a Commercial Driver's License? Yes No Do you have a Chauffeur's License? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

Volunteer Skills and/or Interests (Please check all that apply.)

- | | | |
|---|--|--|
| Clerical:
<input type="checkbox"/> Typing
<input type="checkbox"/> Answering phones
<input type="checkbox"/> Filing/copying
<input type="checkbox"/> Labeling/stuffing envelopes
<input type="checkbox"/> Computer skills | Artistic/Musical
<input type="checkbox"/> Visual arts
<input type="checkbox"/> Knitting
<input type="checkbox"/> Crocheting
<input type="checkbox"/> Sewing
<input type="checkbox"/> Graphic Arts
<input type="checkbox"/> Dance
<input type="checkbox"/> Theater/drama
<input type="checkbox"/> Photography
<input type="checkbox"/> Musical instrument | Transporting:
<input type="checkbox"/> Meal delivery
<input type="checkbox"/> Dr. appointments

Manual:
<input type="checkbox"/> Carpentry/woodworking
<input type="checkbox"/> Gardening
<input type="checkbox"/> Building repairs |
| Business:
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Grant writing
<input type="checkbox"/> Public relations
<input type="checkbox"/> Public speaking
<input type="checkbox"/> Board member
<input type="checkbox"/> Planning | | Misc:
<input type="checkbox"/> Kitchen work
<input type="checkbox"/> Dining room work
<input type="checkbox"/> Friendly visitor |

Other Skills: _____

Days and hours available: _____

Do you go away for the winter? No Yes If yes, when? _____

Previous Volunteer Experience:

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Organization: _____ Position: _____

Person with whom you worked: _____ Duties: _____

Organization: _____ Position: _____

Person with whom you worked: _____ Duties: _____

Employment History:

Company Name: _____ Position: _____

Briefly Describe Your Duties: _____

References: (Please list two that are NOT relatives or BCCOA employees)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Medical History:

Do you have any physical, mental or medical impairment which may interfere with your ability to do the work for which you have volunteered? Yes No

If yes, please explain: _____

In Case of an Emergency we should contact

Name: _____ Phone Number _____

Relationship: _____ Alternate Number _____

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I certify that all the statements made in this application for volunteering are true, complete and correct to the best of my knowledge and belief. I also understand that any false information or omissions may result in my being asked to leave the Council on Aging volunteer program(s).

Signature of Applicant

Date Signed