

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:	Artistic/Musical	Transporting:
Typing	Visual arts	Meal delivery
Answering phones	Knitting	Dr. appointments
Filing/copying	Crocheting	
Labeling/stuffing envelopes	Sewing	Manual:
Computer skills	Graphic Arts	Carpentry/woodworking
	Dance	Gardening
Business:	Theater/drama	Building repairs
Fundraising	Photography	
Grant writing	Musical instrument	Misc:
Public relations		Kitchen work
Public speaking		Dining room work
Board member		Friendly visitor
Planning		

Other Skills: _____

Days and hours available: _____

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

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Previous Volunteer Experience:

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, _____, hereby authorize the Benzie County Council on Aging, 10542 Main St Honor, MI 49640, to make a request for my criminal history, for the purpose of evaluating the appropriateness of my participation as a volunteer.

Signature: _____ Date: _____

Witness Signature: _____

(A copy of this authorization holds the same force as the original.)

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

BCCOA Volunteer Consent and Confidentiality Statement

I volunteer my services for the Benzie County Council on Aging (BCCOA) and understand that I am not an employee.

I hereby agree to regard all information received in the performance of my volunteer work as confidential. I further agree to respect individual rights to privacy, as well as those of the families and the facility for whom I am volunteering.

I understand that BCCOA will respect my rights with regard to privacy of information. BCCOA agrees to respect those rights in the performance of my volunteer duties and keep a “professional” confidentiality in all my statements outside the facility.

I hereby consent to the use of my name and/or photograph by BCCOA in any media (Newspapers, publications, Power Point presentations, advertising, promotional materials, etc.) and in exhibits. (Please initial here _____ if you **do not** consent.)

I hereby agree to follow any training or written job procedures provided to me in the performance of my volunteer work for BCCOA and agrees to notify BCCOA’s HDM/ Senior Center coordinator with any questions or concerns I might have.

I also agree to contact the BCCOA HDM/ Senior Center coordinator as soon as possible if I am unable to report for my volunteer job.

I hereby agree to notify BCCOA’s HDM/ Senior Center coordinator if I am injured while performing volunteer work for BCCOA. I also agree to provide the details of any injuries for required BCCOA accident reports.

I understand that I must sign my name and list my time on BCCOA volunteer Sign-In Sheets found in BCCOA facilities at which I am volunteering.

I understand that BCCOA will conduct reference checks regarding my background and history. I understand that all the information provided/obtained will be kept strictly confidential.

I agree that I will not solicit contributions from BCCOA clients or program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any BCCOA client or program participant.

I agree not to accept any money or gifts for my volunteer services or to give or loan money to BCCOA clients.

Volunteer’s Signature

Date

BCCOA Employee’s Signature

Date