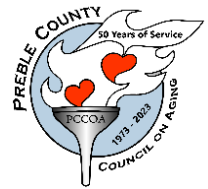


Preble County Council on Aging Volunteer Application



At PCCOA, we believe in helping our Seniors as much as possible – but we can't do it alone!

Our volunteers are invaluable. Like us, they are dedicated to helping seniors and making a difference in their lives.

.....
PLEASE NOTE: All sections marked with * are required; you may mark sections not applicable to you with N/A.
.....

VOLUNTEER INFORMATION

Today's Date: ___/___/___

First Name:* _____ Last Name:* _____ Pronouns: _____

he/him, she/her, they/them, etc.

Phone:* (____) _____ Email:* _____

Home Address:* _____

City:* _____ State:* _____ Zip:* _____

Employer: _____

My employer matches volunteer hours Yes No I'd like to volunteer for school credit Yes No

Birthdate:* ___/___/___ *Note: Birthdate is required for our background check process. Also, if you are under 18, your parent or guardian will need to sign also.*

VOLUNTEER POSITION INTEREST

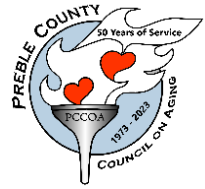
Are you applying to a specific program or position?* _____

What kind of volunteer activities are you interested in? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Administrative and/or Program Support | <input type="checkbox"/> Transport Assistant |
| <input type="checkbox"/> Running/Managing a Support Group | <input type="checkbox"/> Parades |
| <input type="checkbox"/> Assisting at the Thursday Night Dance | <input type="checkbox"/> Christmas Basket Delivery/Prep |
| <input type="checkbox"/> Teaching/Leading a Class and/or Learning Experience | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Meal Delivery/Prepping | <input type="checkbox"/> Outdoor Clean Up |
| <input type="checkbox"/> Hostess/Host of Decades Diner | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Special Events | _____ |
| <input type="checkbox"/> Companionship Program | _____ |
| <input type="checkbox"/> Cleaning/Dishes/Bussing tables | |
| <input type="checkbox"/> Greeter/Receptionist | |

Have you volunteered at PCCOA before? If yes, please list your volunteer role(s): _____

Preble County Council on Aging Volunteer Application



Do you have relative(s) and or friend(s) employed by PCCOA? If yes, please specify:

Name: _____ Job Title: _____ Relationship: _____

Why would you like to volunteer with PCCOA? What are some skills or experience that you would like to contribute and/or gain?

How did you learn about volunteering at PCCOA?

Friend/relative Facebook or Instagram PCCOA website

PCCOA employee: (please specify): _____

Event (please specify): _____

Other (please specify): _____

EMERGENCY CONTACT

First Name:* _____ Last Name:* _____

Phone:* () _____ Email:* _____ Relationship:* _____

REFERENCES

Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable.

First Name:* _____ Last Name:* _____

Phone:* () _____ Email:* _____ Relationship:* _____

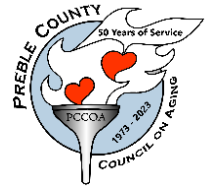
First Name:* _____ Last Name:* _____

Phone:* () _____ Email:* _____ Relationship:* _____

First Name: _____ Last Name: _____

Phone: () _____ Email: _____ Relationship: _____

Preble County Council on Aging Volunteer Application



AUTHORIZATION*

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with PCCOA.

_____(Initial) **Authorization***

CONFIDENTIALITY AGREEMENT*

In signing this agreement, I acknowledge that I have read and understand PCCOA’s confidentiality policies. I understand and agree that in the performance of my duties as an employee or volunteer of PCCOA, I must hold certain information regarding clients, employees, and volunteers in the strictest confidence.

Further, I understand that confidentiality is protected by Federal law (42CF R Part II and Uniform Health Care Information Act), and that any intentional or involuntary violation of the confidentiality with regard to clients, employees, and/or volunteers may result in disciplinary action including suspension and/or termination.

_____(Initial) **Confidentiality Agreement***

LIABILITY RELEASE*

I hereby release, indemnify, and hold harmless PCCOA, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all PCCOA activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with PCCOA.

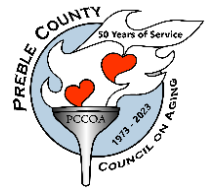
_____(Initial) **Liability Release***

MEDIA RELEASE (optional)

In initialing and signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with Solid Ground. I understand that PCCOA will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Solid Ground materials such as printed publications, the PCCOA website (www.prebleseniorcenter.org), videos, social media, grant proposals, and promotional materials to support PCCOA and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the PCCOA Marketing Department at mail@prebleseniorcenter.org or 937.456.4947. Once requested, PCCOA will not create new materials using participants’ media – but we may continue to use already printed materials until we can make replacements.

_____(Initial) **Media Release**

Preble County Council on Aging Volunteer Application



Volunteer Signature: * _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Please note: If you are under 18, your parent or guardian needs to sign

.....

OPTIONAL: Supplemental Data Questions

The following questions help PCCOA track various demographic data; this information will not be used for screening and placement.

Are you a veteran? Yes No Are you living with a disability? Yes No

Ethnic/Racial Background

If you are a person with a multi-racial or multi-cultural background, please check all appropriate boxes.

- | | |
|---|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Other/please specify _____ | |

.....

Please submit your completed application to Preble County Council on Aging by email, fax, or mail:

sgibbs@prebleseniorcenter.org | PH: 937-456-4947 | FAX: 937-456-6565 | 800 East St. Clair Street Eaton, OH 45320

Contact: Stacey Gibbs, Senior Center Manager for any further questions.

Thank you!