

APPLICATION FOR VOLUNTEER POSITION
COUNCIL ON AGING, INC., serving St. Clair County
600 Grand River, Port Huron, MI 48060, (810) 987-8811

INSTRUCTIONS: Answer all questions. Questions may be position related or required by state or federal law. It depends upon the type of position for which you are applying. Your answers will not be considered unless the information is related to the position for which you are applying.

Today's Date: _____

Volunteer Position(s) Applying For: _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address with Apt. Number: _____

City/State/Zip Code: _____

Phone Number: _____ Social Security Number: _____ Date of Birth: ____/____/____

Driver's License Number: _____ State Issued In: _____

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

Do you have transportation? Yes My own car Someone will transport me No I need a ride

I am applying to do volunteer work from my home: Yes No

(A yes answer to either of the two following questions does not automatically disqualify you.)

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

If yes, please explain: _____

Are there felony charges pending against you? Yes No

If yes, please explain: _____

Have you ever been employed by the Council on Aging? Yes No

If yes: Dates worked: _____ Department/Position: _____

Interests/Hobbies/Special Skills: _____

Organizations Affiliated With: _____

Please list any other training, apprenticeships, military or work experiences that relate to your volunteering: _____

Previous Volunteer Experience: (Attach additional sheets if needed.)	
Organization: _____	Position: _____
Person with whom you worked: _____	Duties: _____

Organization: _____	Position: _____
Person with whom you worked: _____	Duties: _____

EMPLOYMENT HISTORY:

Most Recent Employer:

Company Name: _____ Position Held: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: (____) _____

Supervisor & Department: _____

Briefly Describe Your Duties: _____

List other employment positions you have held: _____

Personal References: Please list three (3) people from whom you can get letters of reference from to be placed in your volunteer file BEFORE you begin your volunteer activities:

	NAME	ADDRESS	TELEPHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

MEDICAL HISTORY:

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

If yes, please explain: _____

Your Physician's Name: _____ Phone Number: _____

May we contact them, if necessary, relative to your physical condition? Yes No

Are you currently taking any drugs or medication? Yes No

If yes, please explain: _____

In Case of an Emergency CoA Should Contact:

Name: _____ Address: _____

Home Phone Number: _____ Relationship: _____

Work Phone Number: _____ Cell Phone Number: _____

If your personal doctor is not available, can another trained medical attendant administer treatment? Yes No

Hospital Preference: _____

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

Applicants for positions with fiscal responsibilities, working with confidential records, or driving must complete the following:

As a prospective volunteer of the Council on Aging, Inc., I understand that it is this agency's policy to secure conviction criminal history information and/or driving record reports as part of its screening process using information provided on this application as well as the following information: Maiden Name and/or previous names used: _____
Race: _____

I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the aforementioned information. I hereby authorize the Council on Aging, Inc. to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search and/or driving record check.

Signature of Applicant

Date Signed

Application received: _____ by: _____

Reviewed by: _____ on _____

Referred to: _____ on _____

Applicant called regarding status/start date: _____ by: _____

Criminal (Date: _____)

Driving (Date: _____)