

# Otsego County Commission on Aging Volunteer Registration Form

(Please Print)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated

### Emergency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Highest level of education obtained:

- Some High School       Some College       Post Graduate  
 High School Graduate       College Graduate

Are you currently employed?    Yes \_\_\_\_\_    No \_\_\_\_\_

Employer: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_      # of Years with Current Employer: \_\_\_\_\_

Please indicate if you are currently a volunteer for either of the following volunteer agencies.

- RSVP       Volunteer Center

### General Availability:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
From:							
To:							

**Skills/Talents/Hobbies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any previous volunteer experience:** \_\_\_\_\_

\_\_\_\_\_

**Do you have any physical limitations that would affect your ability to perform your volunteer duties?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If "Yes," please explain:** \_\_\_\_\_

**Referred to OCCOA by:** \_\_\_\_\_ Friend/Neighbor \_\_\_\_\_ Radio \_\_\_\_\_ Newspaper article  
\_\_\_\_\_ Other \_\_\_\_\_

**Please list two Otsego County references:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Transportation to Volunteer Jobs:**

\_\_\_\_\_ I will drive my own vehicle \_\_\_\_\_ I will take the bus

\_\_\_\_\_ A friend or family member will take me \_\_\_\_\_ I will walk

**Michigan Driver's License #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

***I agree that if I use my personal vehicle for volunteer services, I will maintain a current, valid driver's license as well as vehicle insurance equal to or greater than the minimum limits required by the State of Michigan.***