



## JEFFERSON COUNTY OFFICE FOR THE AGING VOLUNTEER APPLICATION

Personal Information			
Last Name:	First Name:	MI:	Birthdate:
Home Address:	City:	State:	Zip:
Mailing Address (if different from above):		Do you have your COVID Vaccine?	
Home Phone:	Alternate Phone:	Email Address:	
Volunteer Experience			
Organization/Agency:		Address:	
From: _____ To: _____	Contact Person:	Phone Number:	
Describe the work performed:			
Organization/Agency:		Address:	
From: _____ To: _____	Contact Person:	Phone Number:	
Describe the work performed:			
Employment History:			
Employer:		From: _____ To: _____	
Describe the work performed:			
Employer:		From: _____ To: _____	
Describe the work performed:			

Education			
Institution Name/Location:	Degree:	Courses Studied:	Currently Enrolled: Yes [ ]  No [ ]

Other:
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Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
<b>Please note that a former conviction does not automatically preclude you from volunteering.</b>	

<b>Physical:</b>
Do you require an accommodation(s) to successfully engage in your volunteer assignment?
Please list allergies, conditions or medication that OFA should be aware of in the event of an emergency (i.e. food allergies, cardiac condition, insulin dependent diabetes, medic alert bracelets/pendants, etc)

<b>Emergency Contact:</b>		
First Name:	Last Name:	Relationship:
Address:		
Home Phone:	Alternate Phone:	

<b>Specifics:</b>			
Day(s) available for volunteering: Mon <input type="checkbox"/>	Wed <input type="checkbox"/> - Watertown	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/> - Clayton
Time(s) available for volunteering: Hours required for volunteering (10-2pm) <input type="checkbox"/>			
Frequency of availability: Weekly <input type="checkbox"/> Semi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> specify: _____			

<b>References (Please list 3 people not related to you):</b>		
Name:	Organization/Agency:	Relationship:
Address:		Phone Number:
Name:	Organization/Agency:	Relationship:
Address:		Phone Number:
Name:	Organization/Agency:	Relationship:
Address:		Phone Number:

Location preferred to volunteer at: <input type="checkbox"/> Trinity Episcopal Church in Watertown <input type="checkbox"/> River Community Church
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**Please read the following statements carefully and sign and date on corresponding lines:**

- Jefferson County Office for the Aging does NOT engage volunteers for court mandated community service.
- Volunteers agree to serve any client whom they come in contact regardless of race, creed, color, sex, sexual orientation, age or disability.
- Some volunteer assignments require a criminal and/or moto vehicle background check. You will be advised if a back ground check is required for your volunteer assignment. No background checks will be conducted without your permission.

I hereby give my consent to the Jefferson County Office for the Aging to contact my references.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Once complete return to:**

**Jefferson County Office for the Aging  
175 Arsenal St., 2<sup>nd</sup> Floor  
Watertown, NY 13601**

**For internal use only**

Date application was received: \_\_\_\_\_

Approval received: \_\_\_\_\_

Reference checks complete: \_\_\_\_\_

Date of orientation: \_\_\_\_\_

Confidentiality agreement signed: \_\_\_\_\_