



## Volunteer Application

Name: \_\_\_\_\_  
(last name) (first name) (middle initial)

Address: \_\_\_\_\_  
(street) (city/state) (zip code)

Telephone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

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

In case of emergency, contact : \_\_\_\_\_

Emergency Contact phone : \_\_\_\_\_ Relationship: \_\_\_\_\_

Previous work or volunteer experience:

\_\_\_\_\_  
(employer/volunteer organization) (type of work)

\_\_\_\_\_  
(employer/volunteer organization) (type of work)

### Please check all the volunteer opportunities that would interest you:

- Setting up space for exercise classes, activities or parties     Helping with monthly food bank  
 Calling people for classes or trips     Teaching a craft class  
 Decorating space for holidays or parties     Leading an exercise group  
 Organizing books or greeting cards     Recruit veterans for Veterans Exchange group  
 Other activity, please list your ideas: \_\_\_\_\_

Would you be more interested in volunteering on a regular schedule, i.e. weekly or bi-weekly, or for events as needed:

- Weekly or bi-weekly  
 Events as needed

Please list any special skills you have that would be applicable to the Senior Center.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PHOTO RELEASE

*I hereby consent to and authorize the use and reproduction by MCCOA of any and all photographs and any other audio/visual materials taken of me/my son/my daughter/my ward for promotional printed material, education activities or any other use of the benefit of MCCOA programs.*

*Initials: (Parent/Guardian if applicable) \_\_\_\_\_*

(over)

**CONFIDENTIALITY STATEMENT**

I understand the information I receive about MCCOA visitors, staff, clients or volunteers or proprietary information while volunteering is confidential, and names, addresses and phone numbers may not be revealed to any other persons or organizations. No solicitation of any sort is permitted. This includes, but is not limited to religious materials, promotion of a business, and sales or services of products. I consent to criminal background check, which is part of the application process.

**CRIMINAL HISTORY INQUIRY AUTHORIZATION**

Maiden name /Other names previously used: \_\_\_\_\_  
\_\_\_\_\_

Driver's license #: \_\_\_\_\_

\_\_\_\_ I have \_\_\_\_ I have not resided in the state of Michigan for three or more years immediately preceding the date of this application.

Date of birth: \_\_\_\_\_  
(month) (day) (year)

I authorize investigation of all statements contained in this application and certify that all information is accurate. I authorize MCCOA to use the information for obtaining a criminal and driving background check. As a volunteer of the Manistee County Council on Aging, I will uphold the philosophy and mission of MCCOA.

\_\_\_\_\_  
(signature) (date)

**PLEASE RETURN THIS FORM TO MCCOA**

<b>Volunteer Office Use Only</b>	
Date application received _____	Background check completed (date) _____
Referred to _____	Date: _____
Volunteer position _____	
Interviewed by _____	Handbook given <input type="checkbox"/>