



York County Area Agency on Aging
 2401 Pleasant Valley Rd.
 York, PA 17402
 (717) 771-9610 or 1-800-632-9073
www.ycaaa.org



VOLUNTEER APPLICATION

MISSION STATEMENT: The primary focus of the York County Area Agency on Aging is to provide education, advocacy, and coordination of community-based services to empower older adults to maximize their independence and quality of life.

Name

Title First Name MI Last Name

Preferred Nickname:

Address:

Street City State Zip Code

Home Phone: Cell phone:

Email address:

Preferred Method of contact: Home Cell Email Other

Emergency contact:

Name Relationship Phone #

Birth date: Drivers License #:

Languages you speak:

Areas of interest: (Circle areas of interest)

- Peer Educator Special Events Judicial Center Guide
- Healthy Steps for Older Adults Financial Counselor Friendly Visitor
- 10 Keys Health Ambassador Volunteer Ombudsman Telephone Reassurance
- Reassurance Healthy Steps in Motion Scheduling Assistant
- Literature Delivery Matter of Balance Coach Delivery Drivers
- General Office Assistant PA MEDI (Insurance Counseling)

Previous volunteer experiences, including length of time served:

Why do you want to volunteer for YCAAA? How did you hear about us?

Are you active in other professional or community organizations? **If yes, please list organizations**

Work History: If you are currently employed, please list your current job first. Use the remaining space to

describe other work experiences (paid or volunteer) that relate in any way to the volunteer position. If you need additional space, please attach.

Organization:

City/State:

Position/Title:

Type of work:

From: (mm/dd/yyyy) to: (mm/dd/yyyy)

Role: Paid employee Volunteer Other

Organization:

City/State:

Position/Title:

Type of work:

From: (mm/dd/yyyy) to: (mm/dd/yyyy)

Role: Paid employee Volunteer Other

I understand that acceptance to volunteer services are subject to verification of references and identity. Please list references (other than relatives) that we may contact.

1) Name Relationship
Address
City State Zip
Email

2) Name Relationship
Address
City State Zip
Email

Medical Information: Do you have any medical condition or other special conditions that would affect your ability to perform your volunteer duties, or that YCAAAA should be aware of: Yes No

If yes, please list:

To ensure the safety of our clients, volunteers, and the communities we serve, applicants will be asked to consent to a background and/or criminal records check. If the position for which you apply requires a background or criminal records check, we will ask you to complete a separate form to authorize one.

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the Agency on Aging to contact the references named above with regard to my application to become a volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it. If accepted as a volunteer, I agree to follow the YCAAAA's policies and procedures. I agree to attend training, as necessary, to update information necessary to my volunteer task description. I agree to maintain confidentiality concerning all information on consumers, and/ or the agency.

X

Signature

Date

I permit this agency to use my name and photograph as a volunteer for publicity and recognition purposes.

Yes

No