



York County Area Agency on Aging
100 West Market Street
York, PA 17401
(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: _____
Last Name First Name MI

Address: _____
Street

City State Zip Code

Telephone: _____ **Cell phone:** _____

Other contact phone # (i.e. business): _____

Email address: _____

Emergency contact: _____
Name Relationship Phone #

Birth date: _____ **Drivers License #:** _____
Month/ Day/ Year

Languages you speak: _____

Areas of interest: (Circle areas of interest)

- | | | |
|---|--------------------------------|-----------------------|
| General Office Assistant | Special Events | Judicial Center Tour |
| Peer Educator: | Financial Counselor | Friendly Visitor |
| <input type="radio"/> Matter of Balance Coach | Volunteer Ombudsman | Telephone Reassurance |
| <input type="radio"/> CarFit Technician | APPRISE (Insurance Counseling) | Literature Delivery |
| <input type="radio"/> 10 Keys Health Ambassador | New Horizon Delivery | |

Previous volunteer experiences, including length of time served:

Why do you want to volunteer for YCAAA?

Are you active in other professional or community organizations: Yes No

List organizations: _____

Are you employed? Yes No _____
If yes, name of employer

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 _____

2) Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____

Medical Information:

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

If yes, please list: _____

If accepted as a volunteer, I agree to follow the YCAAA'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.

Signature

Date

I permit this agency to use my name and photograph as a volunteer for publicity and recognition purposes.
Yes _____ No _____

Statistical Information (Optional):

- | | |
|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-minority (white) |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black |
| <input type="checkbox"/> Under 60 yrs of age | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Over 60 yrs of age | <input type="checkbox"/> Other |