

Hancock County Agency on Aging Volunteer Application

Name _____ Date _____

Address _____
Street Address City Zip Code

Phone # _____ E-Mail Add. _____

Age Group: 14-18 19-24 25-64 65 and over

Areas of Interest: (Please **circle** all that apply)

- | | | | |
|--------------------|----------------|-----------------------------|---------------|
| Mobile Meals | Crafts | Computer/Telephone/Mailings | Music |
| Senior Café | Bingo | Grocery Delivery Service | Driving |
| Food Prep./Dinners | Guardianship | Friendly Visitor Program | Chore Program |
| Millstream Band | Fitness Center | Pet Care Program | |

Other _____

Are you over 18 years old? _____ Are you able to lift 20 – 25 pounds? _____
Why are you interested in volunteering? _____

Current Position: (Please **circle** all that apply)

Employed Full-Time Employed Part-Time Retired Student Other

If the event(s) you volunteered for involve driving, please answer the following:

Do you have a valid Ohio Driver's License? _____ (If yes, please attach a copy)
Do you have reliable transportation? _____
Do you have auto liability insurance coverage? _____ (If yes, please attach a copy of the policy declaration page – Please note, Volunteers are required to have automobile insurance with liability limits of at least \$300,000 combined single limit or split limits of \$100,000/\$300,000.)

Please provide two references (non-family members):

Name _____ Phone # _____
Name _____ Phone # _____

In an emergency, contact:

Name _____ Phone # _____
Address _____ Relationship _____

Release of Information

I, _____, hereby grant the Hancock County Agency on Aging, Inc., permission to contact references, employers (current and/or previous) and to complete a law enforcement agency and a Bureau of Motor Vehicles background check as part of the selection process for volunteer participation.

Signature _____ Date _____

Agreement to Participate

I wish to participate as a volunteer in at least one of the events sponsored by the Agency on Aging.

I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in the volunteer opportunity(ies) which I have signed up for. I understand that if I am injured, I am responsible for my health care costs and I agree to **release** the Hancock County Agency on Aging, its Board of Trustees, officers, agents, employees, volunteers or students from any and all claims for injury or illness resulting from my participation in the event(s).

I also understand that the clients of the Hancock County Agency on Aging entrust important information to the agency and the relationship between the client and the agency requires that we maintain their **confidentiality**. This fosters respect and trust. By volunteering for the agency, you are agreeing to maintain the confidentiality of our clients while you are here at the agency as well as after you leave. Any violation of confidentiality seriously injures the agency's reputation and effectiveness and could lead the agency to refuse to allow you to volunteer for the agency in the future.

Signature _____ Date _____

Photograph Release

I, _____, hereby grant the Hancock County Agency on Aging, Inc. an irrevocable license to use my likeness now or at any time in the future, in any manner it so chooses and in any medium now existing or later developed. This includes, without limitation, use on Hancock County Agency on Aging brochures, newsletters and any other promotional material it wishes. I acknowledge that the Hancock County Agency on Aging is under no obligation to use my likeness.

I agree that there are to be no fees, commissions or royalties paid to me for the use of my likeness.

Signature _____ Date _____

(PLEASE SIGN BOTH THE RELEASE AND THE AGREEMENT ABOVE)