



Volunteer Application

Name _____
Address _____ City _____ Zip Code _____
Phone (Home) _____ (Cell) _____
Email _____
Date of birth: _____ Social Security Number _____
(This information is necessary to request a criminal background report)

Drivers license # and state _____
Type of vehicle _____ License Plate # _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Please provide three non-relative character references:

Name _____ Street Address _____
City _____ State ____ Zip Code _____ Phone _____
E-mail address: _____

Name _____ Street Address _____
City _____ State ____ Zip Code _____ Phone _____
E-mail address: _____

Name _____ Street Address _____
City _____ State ____ Zip Code _____ Phone _____
E-mail address: _____

Have you ever been convicted of a felony? (Please circle answer) Yes No

Are you under indictment or criminally charged with any misdemeanor or felony pertaining to an offense against any person, public indecency, or a violation involving a state or federally controlled substance? (Please circle answer) Yes No

If yes, please explain _____

Are you required by court order to complete a specified number of community service hours? (Please circle answer) Yes No If yes, how many hours. _____ If Yes, please attach copy of court documentation.

Why are you interested in working with seniors? _____

Volunteer Preferences -Skills -Availability

BACOA has many programs where volunteers are needed. **Please check preferences.**

- Monday Lunch – Langendorf Park 10-2:00pm - *Requires a two week commitment.*
- Thursday Lunch - Greencastle – 10:30-2:00pm - *Requires a two week commitment.*
- Meals With Wheels – Drivers 11:-1:00pm. Once a month.
- Meals With Wheels – Food pick up and distribution only:10-11:00am Monday-Friday.
- Friendly Visitor/Driver – *Days and hours vary depending on client needs.*
- Office help – *Duties vary depending on interests and skills.*
- S.H.I.P. Senior Health Insurance Program Volunteer. Training will be provided by the State of Illinois. Learn how to help prepare Medicare claims, file appeals, analyze and advise seniors on Prescription D programs, and Long Term Care Insurance. – *Long Term commitment required.*

For S.H.I.P. training please contact:

Yvonne Clearwater, SHIP Director

Illinois Department of Insurance-Division of Insurance

320 W. Washington Street • Springfield, IL 62767-0001 • (217) 524-1631 or (800) 548-9034

General Office Skills: Check appropriate boxes.

- Data Entry
- Answering Phones
- Raiser's Edge/Donor Software
- Mailings/Special Projects

Specialized Skills or Training: Check appropriate boxes

- Marketing
- Public Relations
- Facilitation Skills
- Computer-Web Design, Programming, IT,
- Finance
- Social Service/Health Care Worker

I would be willing to share my knowledge, skills, and abilities if called upon. Yes No

Additional skills _____

Do you have special talents, hobbies or interests that you would like to share?

Do you speak any languages in addition to English? Yes-which language? _____ No

Do you have physical limitations or are you under any course of treatment which may limit your ability to perform certain types of work? Yes No

If yes, please explain _____

What days and times are you available? _____

Previous volunteer experience _____

Are you CPR certified? Yes No

Applicant's Signature _____ Date _____



Volunteer Application – Consent Form

I understand that staff and volunteers at the Barrington Area Council on Aging can work with vulnerable seniors as well as area high school students. I, the undersigned, hereby grant the Barrington Area Council on Aging (hereafter referred to as BACOA) permission to request a criminal background report as well as verify all information provided in the Volunteer Application Form. This report will be used by BACOA to determine whether or not the undersigned is qualified to volunteer on behalf of BACOA and for BACOA to solicit insurance on their own behalf. The information contained in these reports will be used for no other purposes other than those contained above. I have read the information contained herein and certify that the answers given by me to all questions on this application may result in refusal of, or separation from, volunteer service upon discovery thereof.

Applicant's Signature _____ Date _____



I, the undersigned, hereby grant the Barrington Area Council on Aging (hereinafter referred to as “BACOA”) permission to request my Motor Vehicle Report (hereinafter referred to as “MVR”) from MIC Insurance Brokerage (hereafter referred to as “MIC”) and MIC may provide a copy of the MVR to BACOA. I also agree that MIC, on behalf of BACOA, may run additional MVR reports for BACOA and provide BACOA with copies of these reports. These reports will be used by BACOA to determine whether or not the undersigned is qualified to drive on behalf of BACOA and for BACOA to solicit insurance on their own behalf.

The information contained in these reports will be used for no other purposes other than those contained above.

Signature Date

Print Name

Print Address

Telephone

Drivers License Number and State