



# Volunteer Application

**Thank you for your interest in volunteer opportunities at Elderbridge Agency on Aging!**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Availability:**

**Days available to volunteer:**

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Time available to volunteer:**

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

**Additional Notes on Availability:**

\_\_\_\_\_

**Are you able, *on short notice*, to cover a home delivered meal route (lunch time)?**  Yes  No

**Areas of Interest:**

**(Check Area(s) of Interest)**

- Senior Center Office Assistant  Meal Site Volunteer  Home Delivered Meals (HDM) Delivery
- Medical Transportation Driver  Facility Services/Groundskeeper  Errand Buddy
- Fresh Conversations Facilitator  Farmers Market Volunteer  Internship
- Volunteer Chore Service  Volunteer Companion/Telephone Reassurance  Board Member
- Relocation Volunteer Services (Movers)  Fundraising Helper  Advisory Council
- Organizer/Declutter and Cleanup Volunteer  Educational Technology Volunteer



Do you have a valid driver’s license?  Yes  No

Do you have auto insurance coverage?  Yes  No

Describe any special skills or abilities you would like to utilize as a volunteer for Elderbridge Agency on Aging.

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How did you learn of volunteer opportunities at Elderbridge Agency on Aging?

Church     Elderbridge Agency on Aging     Flyer     Website     Newspaper

Other: \_\_\_\_\_

**Most Recent Employment Experience:**

Organization:\_\_\_\_\_ Type of Work:\_\_\_\_\_ Dates:\_\_\_\_\_

Organization:\_\_\_\_\_ Type of Work:\_\_\_\_\_ Dates:\_\_\_\_\_

Do you have a founded record of dependent adult abuse or have been convicted of a crime of the following: any felony, sexual abuse, misuse of financial instrument, fraud, or any violent crime?

Yes  No (If yes, please explain)

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I understand that in conjunction with being considered for volunteer opportunities at Elderbridge Agency on Aging, I may be required to have a background check completed by Elderbridge Agency on Aging. A conviction does not automatically disqualify an individual from volunteer opportunities. Elderbridge Agency on Aging will consider factors such as nature of conviction, date, and other mitigating circumstances.

Volunteers placed in assignments will treat all information gained while working as a volunteer for Elderbridge Agency on Aging relating to patrons or consumers with the strictest confidence. Information such as a patron’s name, address, medical condition, or other personal data may not be disclosed outside of Elderbridge Agency on Aging or discussed with individuals within Elderbridge Agency on Aging unless there is a need to know the information. Questions about patron information should be directed to your immediate supervisor. Your signature below indicates the information you have supplied as part of this volunteer application is true and correct to the best of your knowledge and you understand the nature of the background and confidentiality statements.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Iowa Department of Aging requires Elderbridge Agency on Aging to keep demographic information on volunteers for reporting purposes. Please complete the information below:

**Gender:**

Male       Female

**Race:**

American Indian or Alaska Native    Asian    Black or African    Native Hawaiian    White

**Ethnicity:**

Hispanic or Latino    Not Hispanic or Latino