

**Putnam County Council on Aging, Inc.
Volunteer Application**

Name: _____ Date: _____

Address: _____

Home Phone Number: _____ Cell Phone: _____

Email Address: _____

Areas of Interest: (Please circle all that apply)

Office Help Help with Fundraisers Telephone / Mailings

Transportation Escort Chore Program Special Events

Other _____

Community Involvement / Volunteer Work: _____

Why are you interested in volunteering? _____

Current Position: (Please circle all that apply)

Employed Full-Time Employed Part-time Retired Student Other

Employment History:

Employer: _____ Job Title: _____

Address: _____

Employer: _____ Job Title: _____

Address: _____

Employer: _____ Job Title: _____

Address: _____

Education:

School	Name of School	Course of Study	Years Completed	Diploma / Degree
High School				
College				
Post Graduate / Professional				
Other (Continuing Education Courses or Certifications,				
Skilled Trades or Vocational Training				

Please provide 2 references (non-family members)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

In an emergency, please contact:

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Volunteer's Signature: _____ Date: _____

All positions are open to all without regard to race, sex, religion, national origin, disability, age or status as a Vietnam era veteran. The Putnam County Council on Aging, Inc. is an Equal Opportunity Employer and Services Provider.

Release of Information

I, _____, hereby grant the Putnam County Council on Aging, Inc. permission to contact references, employers (current and / or previous) and to complete a law enforcement agency criminal background check 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 Putnam County Council 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 Putnam County Council 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 Putnam County Council on Aging, Inc. 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: _____

Please sign both the release and the agreement above