



Volunteer Application

Rappahannock Area Agency
on Aging
d/b/a Healthy Generations
Area Agency on Aging
460 Lendall Lane
Fredericksburg, VA 22405
540-371-3375

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City and State) (Zip)

Telephone #: _____ Email Address: _____

Date available to begin: _____

Birth Date: _____

Will you accept volunteer work that requires the use of your personal automobile? _____ yes _____ no

Do you have any special needs or physical limitations?

If so, explain: _____

Emergency Contact: _____

Relationship: _____ Phone #: _____

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?

____ Newsletter _____ Email _____ Internet _____ Volunteer Fair _____ Other: _____

AVAILABILITY

Monday: Times available: From _____ to _____
Tuesday: Times available: From _____ to _____
Wednesday: Times available: From _____ to _____
Thursday: Times available: From _____ to _____
Friday: Times available: From _____ to _____

Totals hours desired: _____ Weekly/Monthly (Circle One)

INTERESTS AND SKILLS

Please describe special skills, hobbies, and interests (e.g., crafts, musical instruments, computer skills).

PREVIOUS EXPERIENCE

List previous experience (volunteer, paid, or educational) that would be helpful in working with our Agency.

REFERENCES

1. Name: _____ Phone #: _____
 Address: _____

2. Name: _____ Phone #: _____
 Address _____

LTC OMBUDSMAN PROGRAM/VIRGINIA INSURANCE COUNSELING AND ASSISTANCE PROGRAM

Do you or a family member work in or own a long-term care facility? ___yes___no

Does a member of your family reside in a long-term care facility at the present time or have they in the past six months? ___ yes ___ no If yes, what facility? _____

Are you a licensed insurance broker/agent? ___ yes ___ no

Have you ever been convicted of a felony violation of law? ___ yes ___ no

If yes, explain: _____

Have you ever had a surety bond denied or application for bond refused? _____yes_____no

If yes, explain: _____

A criminal history check will be conducted on all volunteers.

I hereby certify that the entries given in this application are true and accurate to the best of my knowledge. I authorize investigation of all statements contained on this application.

Date: _____ Signature: _____