



Tri-County Office on Aging Volunteer Application

(Please type or print)

Date _____

First Name _____ Last Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Email _____ Day Time Telephone _____ Cell Phone _____

How did you hear about Tri-County Office on Aging volunteer opportunities? _____

Volunteer Experience (Agency/Organization Name and Volunteer Role)

Employment Background (Present and Past Employers and Positions Held)

Personal References (Name, Email, Telephone Number for Two or More Individuals Other Than a Relative)

Volunteer Positions:

- Nutrition/Meals on Wheels: Drive your own car or go with a partner and deliver hot lunches to clients who are unable to prepare their own meals. Most volunteers drive one lunch hour a month, others prefer to deliver more often. Mileage reimbursement is available.
- Nutrition/Dining Sites: Help dish up food at dining sites across the tri-county area. Also needed are individuals to help with educational and entertainment programs for the sites.
- Nutrition/Central Kitchen: Help prepare food or package individual meals.
- Medicare/Medicaid Assistance Program (MMAP): Meet with clients and take hotline callers who have questions and concerns about Medicare, medical bills, long-term care insurance, Medigap and Medicaid.
- General Administrative Volunteer: Participate in general office duties such as data entry, stuffing envelopes, and/or placing phone calls to gather and update resource information.
- Snow Shoveling and Lawn Care: Shovel snow, rake leaves, mow lawns and/or do other yard work for older adults who are unable to do this work on their own.
- Events-Golf Outing, Dinner & Auction, and Run for the Ages 5K: Participate in planning annual fundraising events by soliciting prizes and sponsors, selling raffle tickets, and/or volunteering on event day.
- Workshop Facilitators/Trainers: Facilitate evidence-based workshops or programs by leading groups and sharing health and wellness information. Specific topics may include: caregiver support, the fear of falling, chronic pain, and diabetes management. Training is provided.
- Senior Proxy Project/Senior Bridge the Gap: Proxy Project volunteers deliver boxes of food and fresh produce to seniors' homes, assist in the office, or help with outreach. Senior Bridge the Gap volunteers shop at the store from participants' grocery lists using a signed voucher that gives them permission to use the seniors' Bridge Card benefit on their behalf, and deliver the groceries to their home.
- Propose your own Volunteer Role:

Privacy Agreement/Permissions

- By checking this box, I understand that Tri-County Office on Aging conducts criminal history background checks on all volunteers, and that additional information may be requested in order to review my driving record and/or "conviction only" criminal history. I understand that the information provided here and any additional information obtained by Tri-County Office on Aging will be kept strictly confidential.
- By checking this box, I agree to maintain confidentiality in the event that I come into contact with any personally identifiable information and/or protected health information of clients.
- By checking this box, I give permission to Tri-County Office on Aging to contact my references using the contact information I provide on this form.

Signature: _____

Date: _____

***Please return application to Tri-County Office on Aging, attn: Volunteer Specialist, 5303 S. Cedar Street, Bldg. 1, Lansing, MI 48911*
Or fax to TCOA at 517-887-8071. Please call 517-887-1377 with any questions.**

Criminal Background Check Information

I give my permission for the following information to be used by Tri-County Office on Aging to secure information regarding my “conviction only” criminal history. I understand that the information provided below will be kept confidential and used for the sole purpose of checking my criminal history records every five years. Any information obtained by Tri-County Office on Aging will also be strictly confidential.

Name _____
Last **First** **Middle**

Date of Birth _____ **Sex** _____

Race (Please Circle One)

White / Black / Asian or Pacific Islander / American Indian or Alaskan Native / Unknown or Other

Ethnicity (Please Circle One)

Hispanic or Latino / Not Hispanic or Latino

Have you lived outside the State of Michigan in the last 7 years? Yes No

If yes, additional information will be required.

Alias names used, including previous married names or maiden name:

Signature

Date