



Tri-County Office on Aging (TCOA) Volunteer Application

Date _____

First Name _____ Last Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Email _____ Day Time Telephone _____ Cell Phone _____

How did you hear about Tri-County Office on Aging volunteer opportunities? Please only check one.

- From a current or former TCOA/Meals on Wheels volunteer
- From a current or former TCOA Client
- From a current or former TCOA Staff Member
- TCOA website
- Facebook
- External Website (United Way, VolunteerMatch, LinkedIn, etc.)
- Saw a flyer
- Read in a news article or heard on TV/radio
- I am part of a student or business group doing a one-time Special Event
- Other:

How would you like to receive reminders about your upcoming volunteer shifts? Check all that apply.

- Text Email Phone Call No Reminder

You may change your preference at any time by contacting your TCOA/Meals on Wheels volunteer coordinator.

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.
 - Senior Proxy Project: Proxy Project volunteers deliver boxes of food and fresh produce to seniors' homes, assist in the office, or help with outreach.
 - Medicare/Medicaid Assistance Program (MMAAP): Meet with clients and take hotline callers who have questions and concerns about Medicare, medical bills, long-term care insurance, Medigap and Medicaid.
 - 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.
 - Events: Golf Outing and/or Dinner & Auction. Participate in planning annual fundraising events by soliciting prizes and sponsors, selling raffle tickets, and/or volunteering on event day.
 - 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.
 - Propose your own Volunteer Role:
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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