



## Tri-County Office on Aging Volunteer Application

(Please 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? 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
- ☐ Social Media
- ☐ External Website (United Way, VolunteerMatch, LinkedIn, etc.)
- ☐ Saw a flyer
- ☐ Read in a newspaper article or heard on radio/TV
- ☐ *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? (Meals on Wheels only)**

Check all that apply:    ☐ Text    ☐ Email    ☐ Phone Call    ☐ No Reminder

**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 lunches to clients who are unable to prepare their own meals. Mileage reimbursement is available. Routes take about one hour.
  - ☐ 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.
  - ☐ 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.
  - ☐ Events-Golf Outing and Dinner & Auction: 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.
  - ☐ Friendly Reassurance Calls: Receive a list of TCOA clients that you call about once per week. The purpose of the call is a friendly chat to reduce social isolation.
  - ☐ 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 St., Bldg. 1, Lansing, MI 48911  
Fax: 517-887-8071. Complete online: [www.tcoa.org/volunteer](http://www.tcoa.org/volunteer). Please call 517-887-1487 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 three 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:**

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Signature \_\_\_\_\_

Date \_\_\_\_\_