

Volunteer Application

Date	Please check one: _	New Volunteer	Volunteer Update
Name		Phone Number (
Address			
	s:		
Emergency Co	ontact:		
Name	Phone Number		
Availability:			
Number of ho	ours available to volunteer	Per(Circle on	e) Day Week Month
Monday	From To		
Tuesday	From To		
Wednesday	From To		
Thursday	From To		
Friday	From To		
Are you availa	able on short notice to cover a h	nome delivered meal route	(lunch time)? yes or no
Areas of Inte	rest:		
(Check Area of Interest)		Other areas of	interest
Meal Delivery			
Senior Center	Activities		
Office Work			
Board/Adviso	ry Committee		
Fundraising			
Internship			
Do you have a	a valid driver's license?	Yes	No
Do you have a	auto insurance coverage?	Yes	No

Describe any special skills or abilities you would like to utilize as a volunteer for NEI3A. How did you learn of volunteer opportunities at NEI3A?					
Most Recent Employment Ex	perience				
Organization	Type of Work	Dates			
1					
2					
Please List Other Volunteer	Experience				
Organization	Type of Work	Dates			
1					
2					
3					
Do you have a founded recor	rd of dependent adult abuse, or bo	een convicted of a crime of the			
following: any felony, sexual	abuse, misuse of a financial instru	iment, fraud, or any violent crime.			
No					
Yes:					
(please explain)					

I understand that in conjunction with being considered for volunteer opportunities at NEI3A I may be required to have a background check completed by NEI3A. A conviction does not automatically disqualify an individual from volunteer opportunities. NEI3A will consider factors such as nature of the conviction, date, and other mitigating circumstances.

Volunteers placed in assignments will treat all information gained while working as a volunteer for NEI3A relating to patrons or consumers with the strictest of confidence. Information such as patron's name, phone numbers, address, medical condition, or other personal data may not be disclosed outside of NEI3A or discussed with individuals within NEI3A unless there is a need to know the information. Questions about patron information should be directed to your immediate volunteer supervisor. Your signature below indicates the information you have supplied as part of this volunteer application is true and correct to best of your knowledge and you understand the nature of the background and confidentiality statements.

Signature:	Date:
Thank you	for your interest in volunteer opportunities at Northeast Iowa Area Agency on Aging
Demograp	phic Information
	Department on Aging Requires Northeast Iowa Area Agency on Aging to keep demographic on on volunteers for reporting purposes. Please completed the below.
Gender	_ MaleFemale
Race	
North and	_ American Indian or Alaska Native: A person having origins in any of the original peoples of South America (including Central America), and who maintains tribal affiliation or community nt.
	_Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, o subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
Terms suc	_Black or African American: A person having origins in any of the black racial groups of Africa. h as "Haitian" or "Negro" can be used in addition to "Black or African American".
peoples of	_Native Hawaiian or Other Pacific Islander: A person having origins in any of the original Hawaii, Guam, Samoa, or other Pacific Islands.
North Afri	White: A person having origins in any of the original peoples of Europe, the Middle East, or ca.
Ethnicity	
-	_Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or hish culture or origin, regardless of race. The term, "Spanish origin", can be used in addition to or Latino".
	Not Hispanic or Latino