

# Montmorency County Commission on Aging Volunteer Registration/Application Form

(Please Print)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Highest level of education obtained:

- Some High School       Some College       Post Graduate  
 High School Graduate       College Graduate

Are you currently employed?    Yes \_\_\_\_\_    No \_\_\_\_\_

Employer: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_      # of Years with Current Employer: \_\_\_\_\_

## General Availability:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
From:							
To:							

Days you are unavailable: \_\_\_\_\_

Skills/Talents/Hobbies: \_\_\_\_\_

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Please list any previous volunteer experience: \_\_\_\_\_

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Please list any volunteer duties that you wish to be considered for: \_\_\_\_\_

Do you have any physical limitations that would affect your ability to perform your volunteer duties? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," please explain: \_\_\_\_\_

Referred to MCCOA by: \_\_\_ Friend/Neighbor \_\_\_ Newspaper article \_\_\_ Other

Please list three Montmorency County references:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Transportation to Volunteer Jobs:

\_\_\_ I will drive my own vehicle

\_\_\_ A friend or family member will take me

Michigan Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*I agree that if I use my personal vehicle for volunteer services, I will maintain a current, valid driver's license as well as vehicle insurance equal to or greater than the minimum limits required by the State of Michigan.*

\_\_\_\_\_  
Volunteer Applicant Name

\_\_\_\_\_  
Date

# MCCOA VOLUNTEER BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

## Disclosure

The Montmorency County Commission on Aging (MCCOA) hereby discloses that it may conduct a background check for the purposes of considering your application for volunteering for the agency.

## Authorization

I, \_\_\_\_\_, hereby authorize the Montmorency County Commission on Aging to conduct a background check at any time with the appropriate authorities (courts, police, and Department of Motor Vehicles) upon matters of record regarding my background. The information listed below that is needed to conduct my background check is accurate and complete.

### Please Print:

_____	_____	_____
(First name)	(M.I.)	(Last name)
_____		
(all former names used)		
_____	_____	
(Date of birth)	Driver's License # & Expiration Date	

be

I understand that all information provided/obtained for/through any background checks will be kept strictly confidential.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Your Signature