

MRAAA ___ VCCC ___

VOLUNTEER INTAKE FORM

Intake Person _____

NAME: _____ DATE: _____

ADDRESS: _____

SEX: MALE () FEMALE () PHONE: _____

E-MAIL ADDRESS: _____

VETERAN _____ Yes _____ No

DESCRIBE YOUR PAID WORK EXPERIENCE: (What you did, not where you worked.)

DESCRIBE YOUR VOLUNTEER EXPERIENCES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? () YES () NO

IF YES, PLEASE GIVE DETAILS SUCH AS OFFENSE, DISPOSITION AND DATE: _____

**THIS WILL ONLY BE CONSIDERED IF RELEVANT TO THE POSITION APPLIED FOR.*

WHEN ARE YOU AVAILABLE FOR VOLUNTEER WORK?

Weekdays: Day _____ Evening _____

Weekends: Day _____ Evening _____ Occasionally _____

HOW MUCH TIME CAN YOU GIVE TO VOLUNTEERING?

Number of hours per week _____ -OR- Number of hours per month _____

DO YOU DRIVE? Yes () No () Driver's License #: _____ (if volunteering for a driving position)

LIABILITY INSURANCE COMPANY: _____

GEOGRAPHIC AREAS TO WORK: (Please check all that apply)

Clearfield, Curwensville, Grampian, Woodland, Shawville.....()

Karthus, Frenchville, Keew, Srvyr, Pottersdale.....()

Kylertown, Morrisdale, Chester Hill, Philipsburg, West Decatur.....()

Houtzdale, Osceola Mills, Madera, Smithmill.....()

Coalport, Irvona, Glen Hope, Westover, Burnside, Mahaffey.....()

Luthersburg, Troutville, Rockton, Chestnut Grove.....()

DuBois, Sandy Township, Sabula, Penfield.....()

The following box MUST be completed:

PERSON TO NOTIFY IN AN EMERGENCY _____ RELATIONSHIP _____ PHONE NUMBER: _____ ADDRESS _____

OVER 

LIST TWO PERSONAL OR PROFESSIONAL REFERENCES (No relatives, please)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

The following box **MUST** be completed. Please remember to check YES or NO:

For the purpose of my referral as a volunteer, I authorize the volunteer coordinator to contact any of the above specified references to verify any of the information in the application and release the information obtained to the agency or organization to which I am referred.

I certify that the information provided on this application is true and complete. I understand that misrepresentation or omission of facts can be constituted as grounds for rejection of application and/or removal from assigned volunteer position.

I give my consent to be interviewed and/or have my photograph taken for the purpose of public relations (newspapers, newsletters, website, etc.) for Mature Resources Area Agency on Aging, Inc. and/or The Volunteer Center of Clearfield County (VCCC) for the purpose of providing information to the public and illustrating programs and services of the organization. () YES () NO

Signature _____ Date _____

MY IDEAL VOLUNTEER POSITION WOULD BE: _____

PLEASE CHECK ANY OF THE FOLLOWING AREAS THAT YOU WOULD LIKE TO VOLUNTEER

- | | | |
|--|--|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Education | <input type="checkbox"/> Literacy/Tutor |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Maintenance/Janitor |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Environment | <input type="checkbox"/> Meal Services |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Exercise | <input type="checkbox"/> Medicare Counseling |
| <input type="checkbox"/> Big Broth/Big Sister | <input type="checkbox"/> First Aide/CPR | <input type="checkbox"/> Music |
| <input type="checkbox"/> Bloodmobile | <input type="checkbox"/> Food Bank | <input type="checkbox"/> Ombudsman |
| <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Proposal Writing |
| <input type="checkbox"/> Carpentry/Woodworking | <input type="checkbox"/> Gardening/Yard work | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Clothing Distribution | <input type="checkbox"/> Handyman | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Clerical/Computer | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Serve on Boards/Councils |
| <input type="checkbox"/> Crime Prevention/Safety | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Crisis | <input type="checkbox"/> Hunting/Camping | <input type="checkbox"/> Special Olympics |
| <input type="checkbox"/> Day Care-Child/Adult | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Disabled Consumers | <input type="checkbox"/> Letter Writing | <input type="checkbox"/> Sports/Games |
| <input type="checkbox"/> Driving/Car Pooling | <input type="checkbox"/> Library Aide | <input type="checkbox"/> Tax-Aide |
| | | <input type="checkbox"/> Telephone Reassurance |

**Volunteer Center of Clearfield County/Mature Resources
Clearfield, Pennsylvania 16830**

765-2696

1-800-225-8571