

Please submit to:  
B/S/S/T Area Agency on Aging  
48 Plaza Lane, Wellsboro, PA 16901  
or email: cpendrell@bsstaaa.org

B/S/S/T AREA AGENCY ON AGING VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_ Cellphone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Township or Borough: \_\_\_\_\_

Emergency Contact:  
\_\_\_\_\_  
(Name) Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Cellphone No.: \_\_\_\_\_

Medical Needs:  
\_\_\_\_\_

Previous Volunteer Experience:  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/Special Interests:  
\_\_\_\_\_

I am interested in volunteering in:

<input type="checkbox"/> Telephone Reassurance	<input type="checkbox"/> Active Living Center Activities
<input type="checkbox"/> Friendly Visiting	<input type="checkbox"/> Meals on Wheels Driver
<input type="checkbox"/> Ombudsman	<input type="checkbox"/> Foster Grandparent Program
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> PA MEDI
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Senior Companion Program

When are you available to volunteer? (i.e., Monday): \_\_\_\_\_

Do you have a valid Pennsylvania driver's license?  Yes  No

Do you have automobile insurance?  Yes  No

If yes, please list name of your insurance company: \_\_\_\_\_

List two (2) references of people who have known you for more than one (1) year and are not relatives:

Name: _____ Address: _____ _____	<b>FOR OFFICE USE ONLY</b> Reference No. 1 Checked By: _____ Date: _____ Favorable <input type="checkbox"/> Unfavorable <input type="checkbox"/>
Name: _____ Address: _____ _____	Reference No. 2 Checked By: _____ Date: _____ Favorable <input type="checkbox"/> Unfavorable <input type="checkbox"/>

I, \_\_\_\_\_, have not been convicted of any serious crime or for any act of moral turpitude.

\_\_\_\_\_  
(Signature) (Date)