

Please submit to:  
 B/S/S/T Area Agency on Aging  
 157 Spruce Street, Suite 1  
 Montrose, PA 18801  
 or email: [soakley@bsstaaa.org](mailto:soakley@bsstaaa.org)

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

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

Address: \_\_\_\_\_  
 \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Township or Borough: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 \_\_\_\_\_ Address: \_\_\_\_\_

(Name) \_\_\_\_\_

Telephone 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"/> APPRISE                         |
| <input type="checkbox"/> Other: _____          |  |

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:

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