

Please submit to:
B/S/S/T Area Agency on Aging
220 Main Street, Unit 2, Towanda, PA 18848
or email: aconklin@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: _____ _____	FOR OFFICE USE ONLY
Telephone No.: _____	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"/>
Telephone No.: _____	

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

(Signature) (Date)