

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.: _____

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:

FOR OFFICE USE ONLY	
Name: _____ Address: _____ _____	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)