

Ulster County Office for the Aging

VOLUNTEER PROGRAM
1003 Development Court, Kingston, NY 12401
Phone: 845.340.3456
FAX: 845.340.3583

VOLUNTEER ENROLLMENT FORM

Interviewer: _____

Name: Mr. Mrs. Miss Ms. Dr. Date: _____

Last **First** **Middle**

Address: _____

Street Address

Mailing if different

City **State** **Zip**

Home Phone **Cell Phone** **Email Address**

Township: Town Village City of _____

Birth Date: ____/____/____ Sex: Male Female Other

Optional: African American ____ Am. Indian ____ Asian ____ Hispanic ____ Caucasian ____
Native Hawaiian or other Pacific Islander ____

Do you speak a language other than English? _____

Education: High School ____ College ____ Advanced Degree ____

Previous Employment/Occupations: _____

Where would you prefer a volunteer assignment (travel distance)? _____

Times available to volunteer: Weekdays ____ AM ____ PM and/or Weekends ____AM ____PM

Age/Interest Group: ____ Children ____ Adults ____ Seniors

Do you have physical conditions to take into consideration in arranging a volunteer assignment for you?

Volunteer Signature

Date

Staff Signature

Date

Mode of transportation to volunteer site: Car ___ Bus ___ Carpool ___ Non-Driver ___ Other ___

Type of Vehicle: _____

The Volunteer Program will provide automobile liability insurance for volunteers, whose volunteer responsibilities include operating a motor vehicle for his/her volunteer assignment, and only for the day(s) and time(s) the volunteer is operating a motor vehicle for his/her volunteer assignment. The Volunteer shall maintain their own current and valid automobile liability insurance, as required by New York State law. Please complete the following:
Driver License #: _____ Expiration Date: ___/___/___ Ins. Company _____

Please indicate your areas of interest, activities you enjoy, and your expertise from the list below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Exercise Class | <input type="checkbox"/> Meal Site Helper |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Leader/Assistant | <input type="checkbox"/> Museum Assistant |
| <input type="checkbox"/> Ambassador | <input type="checkbox"/> Food Pantry Helper | <input type="checkbox"/> Office Worker |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Friendly Telephoning | <input type="checkbox"/> Repair Café help |
| <input type="checkbox"/> Care Giving | <input type="checkbox"/> Friendly Visitor (Hospital | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Clerical | or Senior Care Facility) | <input type="checkbox"/> Thrift Shop Assistant |
| <input type="checkbox"/> Computer Coaching | <input type="checkbox"/> Gateway Cafeteria | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Computer Instruction | <input type="checkbox"/> Monitor | <input type="checkbox"/> Visitor Center Assistant |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Gift Shop Worker | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Volunteer Interviewer |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Counselor | (some training involved) for |
| <input type="checkbox"/> ESL Tutor | <input type="checkbox"/> Healthy Living Assistant | housing program |
| <input type="checkbox"/> Languages: _____ | <input type="checkbox"/> Library Aide | |
| | <input type="checkbox"/> Meal Delivery | |

Other interests: _____

I hereby consent to, and authorize the County of Ulster and its departments, to conduct and document a National Sex Offender Public Registry (“NSOPR”)/ National Sex Offender Public Website (“NSOPW”) search, and to retain documents from said NSOPR/NSOPW search: _____

Are you a veteran? Yes ___ No ___

If yes, please indicate which branch you served: _____

How did you hear about this Volunteer Program?

- Coworker
- Faith Based Facility
- Family Member
- Friend
- Newspaper
- Radio
- Senior Club
- Service Club
- Travel Club
- Veteran’s Organization
- Volunteer Organization
- Website/Internet
- Other: _____

Volunteer’s Signature _____

Contact Information:

In an emergency, who may we notify?

Name: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

May we send you our monthly email OFA Newsletter?
___ Yes ___ No