



VOLUNTEER APPLICATION

Thank you for your interest in volunteering for Elder Options! Please complete this application and submit it to Kathy Dorminey via email at dormineyk@agingresources.org, mail at Elder Options, 100 S.W. 75th Street, Suite 301, Gainesville, FL 32607, or fax to 352-378-1256. For more information, contact Kathy at 352-692-5214 or visit us online at www.agingresources.org.

Name Phone Number

Mailing Address, City, State, Zip

Current County of Residence E-Mail Address

In an emergency notify:

Name _____ Phone _____ E-Mail _____

Are you aged 60 or above (Yes/No: requested for reporting purposes)? _____

Note occupation, if employed, and check primary status below: _____

- Student Currently Employed Retired

VOLUNTEER EXPERIENCE* Organization & Location	Title and Responsibilities	Supervisor Name & Contact	Dates (To/From)

WORK EXPERIENCE* Company & Location	Title and Responsibilities	Supervisor Name & Contact	Dates (To/From)

POST-SECONDARY EDUCATION *(IF APPLICABLE) Institutions, City/State and Dates	Certificate, Degree or Area of Study

*Note: No specific volunteer, work or educational experience is required to be a volunteer.

Other Information:

List any professional training, certifications, licenses, skills or other information that you'd like to share:



VOLUNTEER APPLICATION

Do you speak a language other than English? ___Yes; ___No; If yes, which language(s) _____

Volunteer availability:

Total hours weekly or monthly you plan to volunteer: _____

Days of the week and times you are available (check all that apply or write in specific times):

Day/Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Other notes on availability: _____

Can you work in areas outside of Alachua County (Yes/No): _____

Preferred Locations, if any: _____

How long do you plan to volunteer with us (i.e., 6 months, 1 year, ongoing, etc.)? _____

Why do you want to volunteer with Elder Options?

Volunteer Opportunities with Elder Options (please check all that you may be interested in):

- Serving the Health Insurance Needs of Elders/Medicare Counseling
- Health & Wellness Workshops or Events (i.e., Matter of Balance, Diabetes Self-Management Program, Chronic Disease Self-Management, etc.)
- Caregiver Education and Support (Savvy Caregiver Program)
- Care Transition Programs (reducing hospital admissions/readmissions)
- Elder Abuse Awareness & Prevention
- Board of Directors or Advisory Council
- Transportation Disadvantaged Board
- Health Promotion or Presentations
- General Office Work
- Advocacy
- Maintenance/Gardening
- Other

How did you learn about our agency? _____



VOLUNTEER APPLICATION

Please list names and phone numbers for three references (one professional and two personal):

1. Name _____ Relationship _____

Years Known _____ Phone Number _____ E-Mail _____

2. Name _____ Relationship _____

Years Known _____ Phone Number _____ E-Mail _____

3. Name _____ Relationship _____

Years Known _____ Phone Number _____ E-Mail _____

_____ (INITIALS) I understand some volunteer positions with Elder Options require a criminal background screening. This may include a level 2 background screening with fingerprints. Screenings are provided at no cost to volunteers and are confidential. If a screening is required, I understand that Elder Options will contact me.

By my signature below, I certify that the information I have provided in this application is true, accurate and complete. I understand that falsifying, misrepresenting or an omission of fact on this application may be cause for denial of volunteer opportunities, or dismissal from volunteer work, regardless of when or how discovered.

I acknowledge that I have read and understand the above statements and hereby grant Elder Options permission to confirm the information supplied by me on this application and to contact my references.

Volunteer Applicant Signature

Date