

# Marshall County Council on Aging Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

\_\_\_ AM \_\_\_ PM \_\_\_ BOTH

\_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F

## Interests

Tell us in which areas you are interested in volunteering

\_\_\_ Meals on Wheels

\_\_\_ Taxes

\_\_\_ Senior Health Insurance Program

\_\_\_ Teach a class (subject: \_\_\_\_\_)

\_\_\_ Representative Payee

\_\_\_ Other:

\_\_\_ Senior Expo

## Person to Notify in Case of Emergency

Name	
Phone	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that I may be subject to a pre-employment criminal background check and/or drug screening and a positive result may also result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.