

Application Received on: _____

VOLUNTEER APPLICATION

Revised 1/18/2022

Please read the volunteer position description before completing this application.

In order to comply with liability insurance requirements, the Prince William County Office of Risk Management requires that volunteers using their personal vehicles in their volunteer assignments provide proof of a valid driver's license and automobile insurance. Therefore, potential Meals on Wheels volunteers must include with this application, copies of their driver's license and insurance card with current policy term dates.

*The information in this document is confidential and intended only for the use of the Prince William Area Agency on Aging and will not be shared without the prior consent of the applicant.

VOLUNTEER POSITION APPLYING FOR: _____

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
ST./RFD CITY STATE ZIP

EMAIL ADDRESS: _____

EMPLOYED BY (if applicable): _____ **OCCUPATION:** _____

TELEPHONE: _____
HOME WORK EXT. CELL

Please list an emergency contact: Name _____ Phone # _____

The following demographic items are for statistical purposes only to help us know who our volunteers are. We would greatly appreciate this information, however, response is optional.

Birthdate: ____/____/____ Age: ____ Gender: ____ (M) ____ (F)

Race/Ethnic Background: Caucasian ____ Black/African American ____

American Indian ____ Oriental/Asian ____ Alaskan Native ____ Hispanic ____

Education: Less than high school ____ Some high school ____

High School graduate ____ Some college ____ College graduate ____ Post graduate ____

How did you hear about our volunteer programs? _____

Have you ever worked with older adults before? ____ If so, where and in what capacity? _____

Special interests, hobbies and skills: _____

How many hours each week can you volunteer? _____

Please indicate day and time preference: _____

*Meals on Wheels are **ONLY** delivered Monday - Friday at noontime. Delivery may require up to two hours depending on the route.

Mon. Tues. Wed. Thurs. Fri.

Morning: _____

Afternoon: _____

*The Agency does not provide transportation for anyone who wants to volunteer.

Please list two local references: (Names, telephone numbers and relation)

1. _____

2. _____

Have you ever been convicted of a crime? Yes _____ No _____

If so, please explain _____

I give Prince William Area Agency on Aging permission to run a criminal background check on me. I agree to abide by the rules and guidelines set forth by the Area Agency on Aging Volunteers. I agree to respect and keep confidential any and all information, circumstances or records concerning those with which I become aware of while volunteering for Prince William Area Agency on Aging.

I have completed this volunteer application thoroughly; attached the copies requested above and have read the volunteer position description.

SIGNATURE

DATE

Please return to:

Business Services Analyst
5 County Complex Court, Suite 240
Woodbridge, VA 22192
Phone: (703)792-4583; Fax: (703)703-792-4734

*NOTE: Volunteer Names and Hours will be shared with Volunteer Prince William (VPM) for mileage reimbursement (if applicable).