



ATHENS COMMUNITY COUNCIL ON AGING

Live well. Age well.

### Volunteer Registration Form

First/Last Name:  Today's Date:

Street Address:  City, State, Zip:

Email:  Date of Birth:

Home Phone #:  Cell Phone #:

Languages Spoken:  Educational Background:

**Please indicate your Days/Time of Availability:**

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends (if applicable)	As Needed
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

**Please indicate which Volunteer positions interest you:**

**Please comment on your interest in volunteering with ACCA:**

**Previous Work Experience:**

**Person to notify in the event of an emergency:**

Name:  Email:

Street Address:  City, State, Zip:

Best Phone #:  Alternate Phone:

**Personal Emergency Information:**

Hospital Preference:  Preferred Physician:

Medical Conditions:

Allergies:

*Please complete the reverse side.*

**Please list two references other than family members:**

	<b>Name:</b>	<b>Address:</b>	<b>Phone Number:</b>
1.			
2.			

Quarterly, ACCA publishes Connections magazine. Please indicate how you would prefer to receive our publication.  **Mail**  **Email**

**Background Check:** ACCA Policy and Procedures require volunteers who will work with clients to complete the ACCA Background Check Form. We ask all volunteers to sponsor the background check fee of \$35.00\*. You may submit the background check sponsorship fee in the form of cash, check or credit card.

*\*Please contact the Director of Development and Volunteer Services with questions or concerns. We do not want this to be a barrier to service.*

**Will you be driving your car as a volunteer?**  \*Yes  No

\*Please complete the following if you answered "yes."

Driver's License #:  State:  Expiration:

I understand that if I use my personal automobile in my volunteer service, I will arrange to maintain mandatory liability insurance coverage as required by the State of Georgia. The minimum limits set by the state are 25/50/25: Bodily Injury Liability of \$25,000 per person, \$50,000 per occurrence and property damage liability of \$25,000 per occurrence. Any volunteer carrying less than these limits will not be allowed to serve in a driving capacity.

Auto Insurance Company:  Policy #:

Signature of Volunteer:

**All volunteers, please read and sign to acknowledge your understanding of the following statements:**

**Statement of Confidentiality:**

*I agree that information that I receive about ACCA Clients or Members in the course of my volunteer work will be held in confidence by me.*

**Statement of Conduct:**

*I have never been charged with abusing, neglecting or exploiting any person.*

Signature of Volunteer:

Signature of ACCA Staff:

**Mailing Address:** 135 Hoyt Street, Athens, GA 30601

**Office:** 706.549.4850 **Fax:** 706.549.7786

**For more information: [www.accaging.org](http://www.accaging.org)**

Sarah McKinney, Director of Development and Volunteer Services

[smckinney@accaging.org](mailto:smckinney@accaging.org)

**Volunteer Assignment(s):**

**For Office Use Only:**

Date Assigned:  Program:

ACCA Orientation:

- |  |  |
|--|--|
| <input type="checkbox"/> Background Check completed (if applicable)      | <input type="checkbox"/> Background Check Fee received (if applicable)   |
| <input type="checkbox"/> Client Protection Assurances                    | <input type="checkbox"/> ACCA Handbook                                   |
| <input type="checkbox"/> Entered into "My Senior Center" (if applicable) | <input type="checkbox"/> "My Senior Center" Key Tag # _____              |
| <input type="checkbox"/> Entered into "ServTracker" (if applicable)      | <input type="checkbox"/> Entered in "Volunteer Reporter" (if applicable) |

Information entered in "Sage"