

First/Last Name:				Today's Date:
Street Address:				City, State, Zip:
Email:				Date of Birth:
Home Phone #:				Cell Phone #:
Languages Spoken:				Educational Background:
Are you a Veteran?	Yes	No	If yes, what branch:	

Please indicate which volunteer positions interest you:

Please indicate your Days/Times of Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends (if applicable)	As Needed
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Please comment on your interest in volunteering with ACCA:

Previous Volunteer and/or Relevant Work Experience:

Person to notify in the event of an emergency:

Name:	Email:
Street Address:	City, State, Zip:
Best Phone #:	Alt. Phone #:
Personal Emergency Information:	
Hospital Preference:	Preferred Physician:
Medical Conditions:	

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Quarterly, ACCA publishes Connections magazine. Please indicate how you would prefer to receive:						
Mail Email	igazine. nease indicate	now you would prefer to receive.				
Will you be driving your car as a volunteer? * Please complete the following if you ansv		No				
Driver's License #:	State:	Expiration:				

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep liability insurance equal to the following minimum amounts: \$15,000 each person and \$30,000 each occurrence for bodily injury, and \$5,000 each occurrence for property damage.

All volunteers, please read and sign to acknowledge your understanding of the following statements: **Handbook Acknowledgement:** I have read all of the information contained in the Volunteer Handbook. I take personal responsibility for meeting the responsibilities and for following the regulations described. **Statement of Conduct:** I have never been shown by credible evidence to have abused, neglected, or exploited any person as written in the Volunteer Handbook.

Photo Release: I DO give my permission / I DO NOT give my persission to have photographs/videos taken of me in my home, at the Athens Community Council on Aging, and/or at any program or activity sponsored by the agency. I understand and approve the use of these photographs/videos for the purposes of showing services given by ACCA. I understand and approve the use of these photographs/videos to publish in print and/or electronically. This could include publications such as newspapers, press releases, internet web pages, social media outlets, and/or newsletters. The ACCA may publish materials, use my name, photograph/video, and/or make reference to me in any manner that the agency deems appropriate inorder to promote and publicize services.

Signature of Volunteer: ____

Typing your name serves as a substitute for an actual signature.

Signature of ACCA Staff: _____

Submit by mail, fax, email or in person to Susan Jacobs, <i>Director of Development and Volunteer Services</i> sjacobs@accaging.org 135 Hoyt Street, Athens, GA 30601 Fax: 706-549-7786						
	For Office	e Use Only				
Assignment(s):						
Date Assigned:	Program:		Background Check Fee Paid:		Canal	
ACCA Orientation, check if co	mplete. Note "N/A" if component do	pes not apply	Cash /.	Check	Card	
Background Check Cleared (if applicable) ACCA Handbook Information entered in FY Volunteer Data Sheet Entered into "My Senior Center" (if applicable)			 Entered into "ServTracker" (If applicable) Client Proection Assurance Completed Information entered into Abila (if applicable) "My Senior Center" Key Tag # 			