Please complete the reverse side.

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:

Are you a Veteran? ☐ Yes ☐ No If yes, what branch:

Please indicate which volunteer positions interest you:

Please indicate your Days/Time of Availability:

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

Please comment on your interest in volunteering with ACCA:

Previous Volunteer and/or 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:

Allergies:

Please list two references other than family members:

	Name:	Address:	Phone Number:
1.			
2.			

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

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 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.

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 shown by credible evidence to have abused, neglected, or exploited any person.

Signature of Volunteer: _____

Signature of ACCA Staff: _____

Submit by mail, fax, email or in person:

Mailing Address: 135 Hoyt Street, Athens, GA 30601

Office: 706.549.4850 **Fax**: 706.549.7786

For more information: *www.accaging.org*

Susan Jacobs, Director of Development and Volunteer Services

sjacobs@accaging.org

For Office Use Only:

Volunteer Assignment(s):

Date Assigned: _____ Program: _____ Background Check Fee Paid by: (if applicable) ☐ Cash ☐ Check ☐ Card

ACCA Orientation, check if complete note "N/A" if component does not apply:

- ☐ 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 Protection Assurances Completed
- ☐ Information entered in "Abila" (if applicable)
- ☐ "My Senior Center" Key Tag #_____
- ☐ Entered in "Volunteer Reporter"
- ☐ Entered in Centralized Database (if applicable)

Revised: 7/2015