

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:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> 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 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:

- | | |
|--|--|
| <input type="checkbox"/> Background Check Cleared (if applicable) | <input type="checkbox"/> Client Protection Assurances Completed |
| <input type="checkbox"/> ACCA Handbook | <input type="checkbox"/> Information entered in "Abila" (if applicable) |
| <input type="checkbox"/> Information entered in FY Volunteer Data Sheet | <input type="checkbox"/> "My Senior Center" Key Tag # _____ |
| <input type="checkbox"/> Entered into "My Senior Center" (if applicable) | <input type="checkbox"/> Entered in "Volunteer Reporter" |
| <input type="checkbox"/> Entered into "ServTracker" (if applicable) | <input type="checkbox"/> Entered in Centralized Database (if applicable) |