



Volunteer Profile



Area 2 Agency on Aging 1151 S. Michigan St., P.O. Box 1835, South Bend, IN 46634, Phone: 574-284-2644, Fax: 574-284-7192

Date: _____

Name: _____
Last name First name Middle name / Initial

Address: _____
Street & Number City State Zip Code

Phone: _____
Best way to contact you / best time to call

Email address (optional): _____ Date of Birth: _____

Emergency Contact: _____
Name Phone Relationship

Which opportunities most interest you?

- Grocery Shopper
- House Cleaning/Organizing
- Nursing Home Resident Advocate (Ombudsman)
- Meals on Wheels
- Group Service Projects
- Guardian Volunteer Advocate (Guardianship)
- Yard Work
- Nutrition Site
- Not Sure
- Handyman
- SMP Program
- Other

Please list any languages, other than English, that you can speak or understand (including sign language): _____

Are you applying for a volunteer position in order to fulfill a class requirement? _____ If so, how many hours do you need to complete? _____

Please note if you are flexible; or indicate your preference below: I am Flexible or:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

County(ies) interested in: Elkhart Kosciusko LaPorte Marshall St. Joseph

What is your means of transportation to volunteer? _____

If you are applying for a volunteer position to deliver Meals on Wheels or for Guardianship you will need to provide a copy of your driver's license and proof of insurance at the time of the interview.

Have you ever been convicted of a crime? Yes No

Please list three (3) references other than relatives or previous employers:

Name:	Address:	
Relationship:	Years Acquainted:	Phone: ()
Name:	Address:	
Relationship:	Years Acquainted:	Phone: ()
Name:	Address:	
Relationship:	Years Acquainted:	Phone: ()

I acknowledge and agree that all information provided herein is accurate and true and hereby authorize REAL Services, Inc. to verify such information, contact references and conduct a criminal background check. I understand I will not be paid for my services, as this is strictly volunteer work. I have read and understand the above statements.

Signature _____ Date: _____

*** * * VOLUNTEER OFFICE USE ONLY * * ***

- Background Check Reference Checks Interview / Orientation
- How heard about us: Newspaper Article Advertisement Brochure Website
- Church Bulletin Referred by friend/volunteer/school Other
- Profile Completed _____ Confidentiality Agreement Signed _____
- Volunteer Contract Signed _____ Badge Given Handbook Given

Program: _____ Comments: _____