

# Otsego County Commission on Aging Youth Volunteer Registration Form

(Please Print)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Current Grade Level:

- Elementary School       Middle School       Recent High School Graduate  
 Intermediate School       High School

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of Years with Current Employer: \_\_\_\_\_

Please indicate if you are currently a volunteer for either of the following volunteer agencies or group:

- Volunteer Center       National Honor Society       Girl Scout Troop  
 Boy Scout Troop       Guardian Gals       Church Youth Group

### General Availability:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
From:							
To:							

**Skills/Talents/Hobbies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any previous volunteer experience:** \_\_\_\_\_

\_\_\_\_\_

**Do you have any physical limitations that would affect your ability to perform your volunteer duties?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If "Yes," please explain:** \_\_\_\_\_

**Referred to OCCOA by:** \_\_\_ Friend/Neighbor \_\_\_ Radio \_\_\_ Newspaper article  
\_\_\_ Other \_\_\_\_\_

**Please list two Otsego County references (outside of family members):**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Transportation to Volunteer Jobs:**

\_\_\_ I will drive my own vehicle \_\_\_ I will take the bus

\_\_\_ A friend or family member will take me \_\_\_ I will walk

**Michigan Driver's License #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

***I agree that if I use my personal vehicle for volunteer services, I will maintain a current, valid driver's license as well as vehicle insurance equal to or greater than the minimum limits required by the State of Michigan.***