

# Ontario County Office for the Aging



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*towards a society for all ages*

## VOLUNTEER REGISTRATION FORM

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

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

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

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Emergency contact (name, phone #, relationship): \_\_\_\_\_

Days you are able to volunteer: \_\_\_\_\_ How often: \_\_\_\_\_

How did you hear about OFA: \_\_\_\_\_

Do you have an independent and reliable means of transportation to and from volunteer activities? yes no

Do you have a valid NYS Driver's License? yes no (**PLEASE PROVIDE COPY OF LICENSE**)  
List date(s) and explanation of any violations or convictions: \_\_\_\_\_

Have you ever been convicted of a crime? yes no If yes, please specify: \_\_\_\_\_

Previous Volunteer Experience with the Elderly: \_\_\_\_\_

Previous Volunteer Training: \_\_\_\_\_

Have you ever volunteered for OFA before? yes no If yes, give dates and program: \_\_\_\_\_

Ontario County Geographic Area Preferred: \_\_\_\_\_

Areas of Interest:  Advisory Council  Aide at Meal Site  Clerical Work  Deliver Meals

Friendly Visits  Insurance Counseling  Newsletter Mailing  Telephone Contact

Other: \_\_\_\_\_

