

# I WANT TO VOLUNTEER!

## The Chenango County Area Agency on Aging

### Enrollment form

#### Contact Information

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Phone number: \_\_\_\_\_

#### Skills and Interests

Educational Background: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Hobbies, skills, interests: \_\_\_\_\_  
\_\_\_\_\_

Any you would be interested in sharing at a senior center?

\_\_\_\_\_

Previous volunteer experiences: \_\_\_\_\_

Experience working with senior citizens or in food services? \_\_\_\_\_

#### Preferences in Volunteering (check all that apply)

- Home Delivered Meal Driver (valid drivers licenses and vehicle required)
- Activities facilitator at a Senior Center and/or Food Service helper (please circle which centers)

Norwich

Greene

New Berlin

Sherburne

McDonough

Coventry

South Otselic

- HIICAP (Health Insurance Information Counseling and Assistance Program)
- Friendly visitor for seniors
- Helping around the office in general administration duties
- Working occasionally on agency projects (mailings, information booths, holiday helper, making posters, distributing brochures, flu clinics etc.)
- Ambassador for the agency (Public speaking, fundraising, marketing etc.)
- Grant writing
- Other \_\_\_\_\_
- No preference

Are there any groups, locations or types of individuals with whom you would not feel comfortable working? \_\_\_\_\_

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**Availability**

1. At what times are you interested in volunteering?

- Mornings
- Evenings
- Prefer weekends
- Prefer weekdays

2. Do you have a geographic preference as to where you volunteer?

- No
- Yes

Location: \_\_\_\_\_

3. Do you have access to an automobile you can use for volunteer work?

- Yes
- No

4. Do you have a valid driver's license?

- Yes
- No

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

- No
- Yes (please explain) \_\_\_\_\_

Thank you so much for your interest in and support of the **Chenango County Area Agency on Aging**.

Please return this form to our office at **5 Court Street, Norwich NY, 13815** as soon as possible. We're looking forward to you becoming a part of our team!