

Volunteer Information- *These answers to the following questions will assist our office in determining what type of volunteer work will be most beneficial to you and to the Dauphin County Area Agency on Aging base on our needs and your skills and preferences.*

Are you: Retired Employed (Position): _____
 Student Other: _____

What is your educational background?

What skills, abilities, and personal qualities do you bring that would make you a successful volunteer for Dauphin County Area Agency on Aging?

Is there a specific program that you would like to volunteer for?

(Name of Program)

Do you speak a language other than English? Yes No

(If yes, what?)

Do you participate in any other volunteer activities?

Availability- *please list all times.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Background information-

Have you ever been convicted of a felony?

Yes

No

If yes, please explain:

I acknowledge that all the information on this application is correct. By signing this application, I give the Dauphin County Area Agency on Aging permission to obtain a Criminal Background Check from the Pennsylvania State Police. In addition, by signing this application, I give the Dauphin County Area Agency on Aging permission to contact my references.

Signature

Date

RETURN THIS VOLUNTEER APPLICATION TO:

DAUPHIN COUNTY AREA AGENCY ON AGING

2 SOUTH SECOND 3RD FLOOR

HARRISBURG, PENNSYLVANIA 17101

Or

Email: AAAVolunteers@dauphincounty.gov