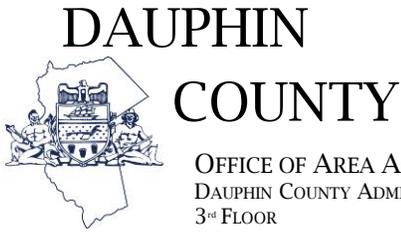


MEALS-ON-WHEELS PROGRAM

BOARD OF COMMISSIONERS
JEFF HASTE, CHAIRMAN
MIKE PRIES, VICE CHAIRMAN
GEORGE P. HARTWICK III, SECRETARY



OFFICE OF AREA AGENCY ON AGING
DAUPHIN COUNTY ADMINISTRATION BUILDING
3rd FLOOR
2 SOUTH SECOND STREET
HARRISBURG, PA 17101
(717)780-6130

CHIEF CLERK/CHIEF OF STAFF
CHAD SAYLOR

DIRECTOR OF HUMAN SERVICES
RANDIE YEAGER

HUMAN SERVICES SOLICITOR
FREDRICK W. LIGHTY, ESQUIRE

ADMINISTRATOR
ROBERT BURNS

DAUPHIN COUNTY VOLUNTEER APPLICATION

PERSONAL INFORMATION – *The information provided on this form will be kept confidential within Dauphin County Area Agency on Aging and only released when required by law or regulation.*

Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Telephone Number	Email Address (if available)	
Social Security Number	Date of Birth	

EMERGENCY CONTACT INFORMATION

Last Name	First Name	Middle Initial
Telephone Number	Relationship	

REFERENCES – *Please List 3 Professional/Personal References*

MEALS-ON-WHEELS PROGRAM

NAME	TELEPHONE NUMBER	RELATIONSHIP TO YOU

VOLUNTEER INFORMATION – The answers to the following questions will assist our office in determining what type of volunteer work will be most beneficial to you and to Dauphin County Area Agency on Aging based on our needs and your skills and preferences.

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

What is your educational background?

What skills have you gained, from previous employment, will help you become a successful volunteer?

Do you possess any special skills that might aid you in a volunteer position?

What are your interests/hobbies?

MEALS-ON-WHEELS PROGRAM

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

Name of Program

Do you speak a language other than English? YES NO
If yes, what language(s) and how fluent are you?

Do you participate in any other volunteer activities?

AVAILABILITY- PLEASE LIST TIMES

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

BACKGROUND INFORMATION

Have you ever been convicted of a felony crime? YES NO

If yes, please explain.

MEALS-ON-WHEELS PROGRAM

I acknowledge that all of 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:

Robert Burns, Executive Director
Dauphin County Area Agency on Aging
2 South Second Street
Third Floor
Harrisburg, Pennsylvania 17101