



DAUPHIN COUNTY

OFFICE OF AREA AGENCY ON AGING
DAUPHIN COUNTY ADMINISTRATION BUILDING
3RD FLOOR
2 SOUTH SECOND STREET
HARRISBURG, PA 17101
717-780-6300

BOARD OF COMMISSIONERS
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DIRECTOR OF HUMAN SERVICES
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ADMINISTRATOR
BENJAMIN D. KNOX

Please check off the Volunteer Opportunities of interest

- ☐ Home Delivered Meals Program
 ☐ Ombudsman Program
 ☐ PA MEDI Program
 ☐ Public/Private Transportation

Personal Information- *The information provided on this form will be kept confidential within Dauphin County Human Services and only released when required by law or regulation.*

Last Name First Name MI

Address

City State Zip Code

Telephone Number Email Address

Social Security Number DOB (Date of Birth)

Emergency Contact information-

Last Name First Name MI

Telephone Number Relationship

References- *Please list 3 Professional/Personal References*

Name	Telephone Number	Relationship to you

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
Student

☐
☐

Employed (Position): _____
Other: _____

What is your educational background?

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

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

What are your interests/hobbies?

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:

SALLY SNYDER, ADMINISTRATIVE OFFICER II

DAUPHIN COUNTY AREA AGENCY ON AGING

2 SOUTH SECOND 3RD FLOOR

HARRISBURG, PENNSYLVANIA 17101