

PSA 3 Agency on Aging
Volunteer Application

NAME _____
Last First M.I.

ADDRESS _____
Street City State Zip

PHONE (with area code) _____
Home Work Cell

E-Mail _____ Best Time to Call _____ AM/PM

EMERGENCY CONTACTS Name _____ Phone _____
Name _____ Phone _____

EMPLOYER _____
Job Title _____

Do work for or own/operate an agency or business currently contracted with PSA 3 Agency on Aging YES _____ NO _____

In order to best place you within the volunteer program, please include the following information that would apply to your duties as a volunteer. Use reverse if needed.

Check here if applying for Board of Trustees _____ Advisory Council _____

EDUCATION

RELATED EXPERIENCE AND SKILLS

OTHER VOLUNTEER EXPERIENCE/BOARDS CURRENTLY SERVING ON AND PREVIOUS

Have you ever been arrested or convicted of anything other than a minor traffic violation?
YES _____ NO _____
(If YES, please explain. Your response will not necessarily prevent you from being a volunteer.)

If so, please explain:

2. What type of skills would you bring to the council/board?

3. Board Meetings are held monthly on the 4th Tuesday at 9:30 a.m. If chosen to serve on the Board of Trustees can you attend the meetings? YES _____ NO _____

4. Advisory Council Meetings are held bi-monthly on the 3rd Wednesday at 10:00 a.m. If chosen to serve on the Advisory Council can you attend the meetings? YES _____ NO _____

5. What county do you live in? _____
(Advisory Council & Board of Trustee members must live in the county they represent)

6. Please identify any potential conflicts of interest such as employed by a provider of this agency, serve on the board of a provider, or other. Explain: