

We are your senior resource connection In Allen, Auglaize, Butler, Champaign, Clark, Clinton, Darke, Greene, Hancock, Hardin, Logan, Mercer, Miami, Montgomery, Preble, Putnam, Shelby, Van Wert, and Warren Counties

Area Agency on Aging 3

Volunteer Application

NAME				
Last	First	M.I	M.I.	
HOME				
ADDRESS				
Street	City	State	Zip	
WORK				
ADDRESS				
Street	City	State	Zip	
PHONE (with area code)				
Home	e Work	Ce	II	
Date of Birth (month/date/year)				
E-Mail	Best Ti	ime to Call	AM/PM	
EMERGENCY CONTACTS	Name	Phone		
EMERGENOT GOTTINGTO	Name	Phone		
EMPLOYER	Employer Addres	SS		
Job Title				
Do work for or own/operate an a Aging 3 YES NO				
In order to best place you within information that would apply to y Check here if applying for Board	our duties as a volunteer. Us	se reverse if needed.		
	unded agency. A funding agency of the Oh			

EDUC	CATION				
RELA	TED EXPERIENCE AND S	KILLS			
OTHE	R VOLUNTEER EXPERIE	NCE/BOARDS CU	RRENTLY SERVING	ON AND PREVIOU	JS
YES_	you ever been arrested or c NO S, please explain. Your resp				er.)
Do yo	u have a valid driver's licen	se and current ins	urance? YES	NO	
Ethnic	city: (select one) OPTIONAL Not Hispanic/Latino Hispanic/Latino	☐ America ☐ African- ☐ Asian	or more; information colle an Indian/Alaskan Native American/Non-Hispanic Islander/Native Hawaiian	ected for federal statistic	cs)
Are yo	ou over the age of 60?	YES	NO		
REFE	RENCES (Please list three	people who are n	ot related to you whor	n we may contact.)	
	1 Name Street Address				
	City		State	Zip	
	2 Name Street Address				
	City		State	Zip	
	3 Name Street Address				
	City		State	Zip	
	ou related to or affiliated wit wered "Yes" list name(s) of				

Additional relevant experience and skills:	
Are you currently, or have you in the past, received program services fr Area Agency on Aging 3? If so, please list what services	
Applicant Signature	Date

Area Agency on Aging 3

QUESTIONS FOR POTENTIAL ADVISORY COUNCIL AND BOARD OF TRUSTEES

1. Do you have experience in serving on a non-profit board or advisory council? 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. How did you hear about us?
7.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: