



# Volunteer Profile



Area 2 Agency on Aging 1151 S. Michigan St., P.O. Box 1835, South Bend, IN 46634, Phone: 574-284-2644, Fax: 574-284-7192

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last name First name Middle name / initial

Address: \_\_\_\_\_  
Street & Number City State Zip Code

Phone: \_\_\_\_\_  
Best way to contact you / best time to call

Email address (optional): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Relationship

## Which opportunities most interest you?

- Friendly Visitor       Handyman       Meals on Wheels       Not sure
- Respite Companion       Group Service Projects       Nutrition Site       Other
- Housekeeper       Yard work       Nursing Home Patient Advocate (Volunteer Ombudsman)
- Grocery Shopper       Clerical (Office Volunteer)       Guardian Volunteer Advocate (Guardianship)

Please list any languages, other than English, that you can speak or understand (including sign language): \_\_\_\_\_

Please note if you are flexible; or indicate your preference below:       I am Flexible      or:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

County(ies) interested in:       Elkhart       Kosciusko       LaPorte       Marshall       St. Joseph

What is your means of transportation to volunteer? \_\_\_\_\_

*If you are applying for a volunteer position to deliver Meals on Wheels or for Guardianship you will need to provide a copy of your driver's license and proof of insurance at the time of the interview.*

Have you ever been convicted of a crime?     Yes     No

Please list three (3) references other than relatives or previous employers:

Name:	Address:	
Relationship:	Years Acquainted:	Phone: (    )

Name:	Address:	
Relationship:	Years Acquainted:	Phone: (    )

Name:	Address:	
Relationship:	Years Acquainted:	Phone: (    )

I acknowledge and agree that all information provided herein is accurate and true and hereby authorize REAL Services, Inc. to verify such information, contact references and conduct a criminal background check. I understand I will not be paid for my services, as this is strictly volunteer work. I have read and understand the above statements.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\* \* \* VOLUNTEER OFFICE USE ONLY \* \* \***

- Background Check                         Reference Checks                       Interview / Orientation
- How heard about us:  Newspaper Article     Advertisement     Brochure     Website
- Church Bulletin     Referred by friend/volunteer/school     Other
- Profile Completed \_\_\_\_\_                       Confidentiality Agreement Signed \_\_\_\_\_
- Volunteer Contract Signed \_\_\_\_\_     Badge Given                       Handbook Given

Program: \_\_\_\_\_ Comments: \_\_\_\_\_