

Volunteering with the Dutchess County Office for the Aging

Home Delivered Meals and OFA Friendship Centers - Our drivers deliver thousands of nutritious meals every week, in all areas of Dutchess County. Recipients tell us they look forward not only to the food, but to our delivery staff. For those who live alone, the visit from our driver may be their only contact with people, and that period of socialization is key to helping older adults continue to live safely at home for as long as possible. Drivers operate out of OFA Friendship Centers throughout the county. Volunteers are also needed to assist at the Friendship Centers.

Health Insurance Counseling - Volunteers are always welcome in our Health Insurance Information, Counseling and Assistance Program (HIICAP). No prior health insurance experience needed; training and certification are provided. Our HIICAP volunteers provide impartial information for older adults to make informed choices on insurance coverage.

Office Help - Keeping Dutchess County's older adults informed means a lot of correspondence to prepare, envelopes to stuff, and brochures to arrange. Help us communicate with your senior friends and neighbors!

OFA Events - OFA hosts a wide range of events in Dutchess County that require volunteer help, both indoors and outdoors, following federal and state safety guidance. Volunteers of all ages are welcome; volunteers under age 18 will require a parent's signature on a waiver.

OFA Exercise, Falls Prevention and Wellness Programs - Help grow our popular OFA Exercise, A Matter of Balance, Bingocize and Tai Chi programs! Please sign up for future volunteering opportunities. No exercise instruction experience needed.

Friendly Calls - OFA's newest volunteering option is also one that's perfect for people who wish to volunteer from home. Volunteers connect with pre-screened older adults at risk of social isolation, for friendly weekly 20-30 minute phone calls.

We at the Office for the Aging could not provide many of our essential services for Dutchess County's older adult population without the hard work of hundreds of volunteers. Their work benefits the entire Dutchess community; the annual value of Office for the Aging volunteers' work comes to well over \$1 million. Regardless of your age, skills, or ability to travel, the Office for the Aging offers ways for you to help. We're looking forward to hearing from you!



Todd Tancredi - Director, Dutchess County Office for the Aging

VOLUNTEER REGISTRATION FORM

Dutchess County Office for the Aging
114 Delafield St., Poughkeepsie, NY 12601

What type of volunteer activities are you interested in? Check all that apply.

- | | | |
|---------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Home Delivered Meals Driver | <input type="checkbox"/> Tai Chi Class Leader | <input type="checkbox"/> "Friendly Calls" Phone Companionship |
| <input type="checkbox"/> Health Insurance Counseling (HIICAP) | <input type="checkbox"/> Exercise Class Leader | <input type="checkbox"/> "A Matter of Balance" Leader |
| <input type="checkbox"/> Events Helper (Picnics, etc.) | <input type="checkbox"/> Office Assistance | |

☐ Friendship Center Helper (please check at least one center below):

- | | |
|----------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Beacon | <input type="checkbox"/> Poughkeepsie |
| <input type="checkbox"/> East Fishkill | <input type="checkbox"/> Red Hook |
| <input type="checkbox"/> Millerton | <input type="checkbox"/> South Amenia |
| <input type="checkbox"/> Pawling | <input type="checkbox"/> Tri-Town (Pleasant Valley) |

☐ Other (describe your skills/talents that older adults would enjoy): _____

----- **PLEASE PRINT** -----

Last Name _____ First Name _____ Middle Initial (if any) _____

FULL Mailing Address (street, town, zip) _____

Home Phone _____ Mobile Phone _____

Date of Birth _____ Email _____

Emergency Contact _____ Phone _____

Please circle all weekdays you can be available: MON TUES WED THURS FRI

Time(s) you are usually available _____

Please describe any medical limitations: _____

Are you fluent in any foreign languages? (Yes/No) _____ If so, which one(s)? _____

Briefly describe your technology skills (check one): ☐ little or none ☐ moderate ☐ expert

Previous volunteer experience _____

Because you may have direct contact with older adults, the Office for the Aging may initiate inquiries into your personal history, including searches of police and motor vehicle files. By signing the form below you hereby grant the Office for the Aging permission to conduct any such search or investigation.

Volunteer Signature

Your 9-Digit NYS Driver's License ID Number

Today's Date