

# 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.

- Home Delivered Meals Driver       Tai Chi Class Leader       "Friendly Calls" Phone Companionship  
 Health Insurance Counseling (HIICAP)       Exercise Class Leader       "A Matter of Balance" Coach  
 Events Helper (Picnics, etc.)       Office Assistance

Friendship Center Helper (please indicate which center(s)): \_\_\_\_\_

Other (describe a skill/talent you have that seniors 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 days 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? If so, which one(s)? \_\_\_\_\_

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

Previous volunteer experience \_\_\_\_\_

What type of transportation will you use to get to your volunteer assignment? \_\_\_\_\_

Personal Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Your 9-Digit NYS Driver's License ID Number

\_\_\_\_\_  
Today's Date