

Volunteer Registration Form

First/Last Name: Today's Date:

Street Address: City, State, Zip:

Email: Date of Birth:

Home Phone #: Cell Phone #:

Languages Spoken: Educational Background:

Please indicate your Days/Time of Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends (if applicable)	As Needed
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Please indicate which volunteer positions interest you:

Please comment on your interest in volunteering with ACCA:

Previous Work Experience:

Person to notify in the event of an emergency:

Name: Email:

Street Address: City, State, Zip:

Best Phone # Alternate Phone:

Personal Emergency Information:

Hospital Preference: Preferred Physician:

Medical Conditions:

Allergies:

Please complete the reverse side.

Please list two references other than family members:

	Name:	Address:	Phone Number:
1.			
2.			

Quarterly, ACCA publishes Connections magazine. Please indicate how you would prefer to receive our publication. **Mail** **Email**

Will you be driving your car as a volunteer? *Yes No

*Please complete the following if you answered "yes."

Driver's License #: State: Expiration:

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep liability insurance equal to the following minimum amounts: \$15,000 each person and \$30,000 each occurrence for bodily injury, and \$5,000 each occurrence for property damage.

Signature of Volunteer:

All volunteers, please read and sign to acknowledge your understanding of the following statements:

Statement of Confidentiality:

I agree that information that I receive about ACCA Clients or Members in the course of my volunteer work will be held in confidence by me.

Statement of Conduct:

I have never been charged with abusing, neglecting or exploiting any person.

Signature of Volunteer:

Signature of ACCA Staff:

[Submit Form by Email](#)

Mailing Address: 135 Hoyt Street, Athens, GA 30601

Office: 706.549.4850 **Fax:** 706.549.7786

For more information: www.accaging.org

Sarah McKinney, Director of Development and Volunteer Services

smckinney@accaging.org

Volunteer Assignment(s):

For Office Use Only:

Date Assigned: Program:

ACCA Orientation:

- | | |
|--|--|
| <input type="checkbox"/> Background Check completed (if applicable) | <input type="checkbox"/> Background Check Fee received (if applicable) |
| <input type="checkbox"/> Client Protection Assurances | <input type="checkbox"/> ACCA Handbook |
| <input type="checkbox"/> Entered into "My Senior Center" (if applicable) | <input type="checkbox"/> "My Senior Center" Key Tag # _____ |
| <input type="checkbox"/> Entered into "ServTracker" (if applicable) | <input type="checkbox"/> Entered in "Volunteer Reporter" (if applicable) |
| <input type="checkbox"/> Information entered in "Sage" | |