



Bob Horrocks
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BOARD OF DIRECTOR'S VOLUNTEER APPLICATION

Name _____

Address _____ City, Village or Township _____

County _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Best Time to Reach You _____

Email Address _____ Female Male

Age: under 21 21- 59 60+

Experience and Background Information: Please briefly list the employers and occupations in which you have held or currently hold. If you are retired, please list retired on line 1, followed by former occupations on subsequent lines.

- 1. _____
- 2. _____
- 3. _____

Other volunteer programs or organizations you are currently involved in: _____

Education, qualifications, special skills, language, etc: _____

Please list other skills, interests and hobbies.

- 1. _____
- 2. _____

OVER

Have you ever volunteered for the Council before? Yes No

If yes; when _____ Where _____

Why would you like to serve in the capacity as a member of the Board of Directors of the Council for Older Adults?

Are there any special circumstances that we need to be aware of when considering you as a volunteer board member? If yes, explain: Yes No

Opportunities for volunteers are provided without regard to race, color, religion, sex, national origin, veteran status or disability

I understand that the board typically meets once a month (currently on the 4th Wednesday at noon in Delaware) and that regular attendance is expected of all board members. I have reviewed the attached summary of the Role and Responsibilities of Board members and will commit myself to serving in this capacity.

I attest that all the information furnished in this application is true, accurate and complete to the best of my knowledge. I understand that if given the opportunity to volunteer, any misstatement or omission of fact on this application is cause for immediate dismissal. I authorize the Council to verify any information I have provided by contacting former employers and other appropriate sources. I release reference sources from all liability or damages on account of furnishing information regarding my personal character, habits, performance or disciplinary records. I further understand that if accepted as a volunteer at the Council, my volunteer service will be at will, and that service at the Council may be terminated with or without cause, and without notice, at any time, at the option of either the Council or me. I understand that background checks and/or fingerprints may be required as a condition of volunteering at the Council to protect clients, team members, volunteer and paid staff.

Signature

Date

VOLUNTEER BOARD PROFILE FORM

Have you volunteered for us before? If yes, date started / / Estimated Hrs.

PERSONAL INFORMATION

Volunteer Name			
	Last Name	First	Middle
Home Address			
	Street Address	City	State Zip Code
Phone			
	Home	Cell	Work
E-Mail Address			Township Can we contact you at work?
Emergency Contact			Relationship Physician's Name
Phone			Preferred Hospital Physician's Phone

PERSONAL INFORMATION (Continued)

Date of Birth	Marital Status	Referral Source (Who referred you to us?)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Education (Last Degree)		Last School or College Attended	Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Equal Opportunity Identification Group <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Most Recent Employer <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired Employer Name:	

INTEREST OPTIONS

<p>Check your Volunteer Interest</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caregiver Flower Delivery <input type="checkbox"/> Clerical Support <input type="checkbox"/> County Fair Booth <input type="checkbox"/> Dining Room Assistant <input type="checkbox"/> Errands <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Kitchen Assisting <input type="checkbox"/> Mailings <input type="checkbox"/> Meal Delivery <input type="checkbox"/> Minor Home Repairs and Chores <input type="checkbox"/> Special Events <input type="checkbox"/> Summer Festival <input type="checkbox"/> Transportation <input type="checkbox"/> Wine Tasting Fundraiser 	<p>Board Preferences</p> <p>Executive Facility Finance Nominating Governance Special Events Grant Review Nominating</p> <p>Choose 1st, 2nd and 3rd (write number beside preference)</p>	<p>Willing to Serve as an Officer?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time <input type="checkbox"/> Already Serving <input type="checkbox"/> No <p>Board Meeting Times</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Morning</td> <td>Week of the Month</td> </tr> <tr> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> 1st</td> </tr> <tr> <td><input type="checkbox"/> Evening</td> <td><input type="checkbox"/> 2nd</td> </tr> <tr> <td><input type="checkbox"/> Monday</td> <td><input type="checkbox"/> 3rd</td> </tr> <tr> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> 4th</td> </tr> <tr> <td><input type="checkbox"/> Wednesday</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Thursday</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Friday</td> <td></td> </tr> </table>	<input type="checkbox"/> Morning	Week of the Month	<input type="checkbox"/> Afternoon	<input type="checkbox"/> 1st	<input type="checkbox"/> Evening	<input type="checkbox"/> 2nd	<input type="checkbox"/> Monday	<input type="checkbox"/> 3rd	<input type="checkbox"/> Tuesday	<input type="checkbox"/> 4th	<input type="checkbox"/> Wednesday		<input type="checkbox"/> Thursday		<input type="checkbox"/> Friday	
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List groups, organizations, boards and or agencies you serve