

VOLUNTEER!



**Council ^{for}
Older Adults**
OF DELAWARE COUNTY

*Helping Delaware County
become a better
place to grow older.*

800 Cheshire Road
Delaware, OH 43015

www.growingolder.org

For more information on volunteer opportunities,
please call (740) 363-6677.

SHARE YOUR TIME, TALENT AND HEART

Why volunteer with the Council for Older Adults? Our volunteers say it best!

"I get great satisfaction in helping others, and I am teaching my children ways to help others and feel good about themselves and what they do. The free lunch and mileage reimbursement is the icing on the cake!"

"I now have a reason to get up in the morning and get motivated. Delivering meals gives me a feeling of worthiness and doing a good deed for the community in which I live. The smiles and the gratitude from the clients is a bonus of the volunteer opportunity."

"The Council offers great services for the older population of Delaware County and I am a believer in 'paying it forward.' I want to make sure those services will be there for me later on in life."

"I volunteer for the Council for Older Adults because of the great satisfaction I get in helping others. I started looking for a way to help my community, and I never believed that I would be the one receiving the rewards!"



In 2009, the Council's dedicated volunteers donated over 34,900 hours of their time valued at over \$606,000. Their work directly affects the lives of older adults in our community, allowing them to remain independent while living in their own homes.

The Council's volunteers report that they enjoy their service and find that it provides them many benefits, including:

- Thorough orientation, training, and supervision by our devoted professional staff
- Making new friends and sharing a feeling of camaraderie with staff and other volunteers
- Feeling great about helping others and contributing to the community
- Free lunch and mileage reimbursement (available with many volunteer positions!)

GET INVOLVED

Volunteer Opportunities

- Deliver hot meals to older adults in our community as a Meals on Wheels driver or assistant
- Transport adults to medical appointments, or help them complete their errands and attend social outings as a transportation volunteer
- Lend a hand with kitchen and dining center tasks in the Senior Nutrition Program
- Distribute Senior Farmers' Market vouchers, literature and Council information at Delaware County's farmers' markets
- Act as a hostess and assist older adults at our dining centers
- Help with mailings and other clerical work in the Council office

5 Easy Ways to Volunteer:

- Mail your completed application to: Volunteer Office, Council for Older Adults, 800 Cheshire Road, Ste. A, Delaware, OH, 43015
- Call Amy Brown, Coordinator of Volunteers, at (740) 203-2355
- Fax your application to (740) 363-7588
- Email: amyb@growingolder.org
- Visit our web site: www.growingolder.org



Council for Older Adults
VOLUNTEER APPLICATION

Please complete, detach and return via mail or fax.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Number _____

Cell Phone _____ Best Time to Call _____

Email Address _____ [] Female [] Male

Age: [] Under 21 [] 21 - 59 [] 60 - 84 [] 85+

Current Occupation _____ Former Occupation _____

What time of day are you interested in volunteering? [] Morning [] Afternoon [] Evenings

What length of time are you interested in volunteering? [] 0 - 6 months [] 6 - 12 months [] 1 year or longer

I prefer a volunteer commitment: [] Once a week [] Once or twice a month [] One time only

What days do you prefer to volunteer: [] Sunday [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday

Other volunteer programs or organizations you are currently involved in:

Education, qualifications, special skills, language, etc:

Do you travel or live out of the state on a regular basis? [] Yes [] No What time of year? _____

Have you ever volunteered for the Council before? [] Yes [] No

If yes, when? _____ Where? _____

Are there any special circumstances that we need to be aware of when matching you with a volunteer opportunity? If yes, explain: [] Yes [] No

Have you ever been charged with or convicted of a crime? If yes, explain: [] Yes [] No

Do you have your own reliable transportation? [] Yes [] No

Current Drivers License: [] Yes [] No

Please list 2 references, other than relatives, whom we may contact (e.g. church, business, social contacts):

Name _____ Phone Number _____

Address _____

Relationship _____

Name _____ Phone Number _____

Address _____

Relationship _____

Please check the Volunteer Opportunities that interest you most:

- | | | |
|---|--|--|
| <input type="checkbox"/> Advisory Committee | <input type="checkbox"/> Kitchen/Dining Room Asst. | <input type="checkbox"/> Minor Home Repair or Chores |
| <input type="checkbox"/> Clerical/office/mailings | <input type="checkbox"/> Meal Delivery | <input type="checkbox"/> Snow Shoveling |
| <input type="checkbox"/> Farmers' Market | <input type="checkbox"/> Transportation | <input type="checkbox"/> Special Events/Projects |
| <input type="checkbox"/> Other _____ | | |

EEO:

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

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 _____

Guardian (if under 18) _____ Date _____

Please complete, detach and return via mail or fax to:
Council for Older Adults
Center for Older Adults
800 Cheshire Road, Suite A
Delaware, OH 43015
Fax: (740) 363-7588

**Thank you for your interest in becoming a volunteer
for the Council for Older Adults!**