



# Volunteer Application

**Rappahannock Area Agency on Aging**

171 Warrenton Road  
Fredericksburg, VA 22405  
540-371-3375

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number and Street) (City and State) (Zip)

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date available to begin: \_\_\_\_\_ Race: \_\_\_\_\_  
(required for criminal history check)

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(required for criminal history check) (required for criminal history check)

Will you accept volunteer work that requires the use of your personal automobile? \_\_\_ yes \_\_\_ no

Do you have any special needs?

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?

\_\_\_ Newsletter \_\_\_ Email \_\_\_ Internet \_\_\_ Volunteer Fair \_\_\_ Other

## WHAT VOLUNTEER OPPORTUNITIES ARE YOU INTERESTED IN?

\_\_\_ Activity Coordinator \_\_\_ Meal Center Visitor \_\_\_ Job Training Assistant \_\_\_ Site Supply  
\_\_\_ Activity Leader \_\_\_ Fundraiser \_\_\_ Medical Trans. Aide \_\_\_ Spanish Translator  
\_\_\_ Client Trip Aide \_\_\_ Home Assessments \_\_\_ Medical Trans. Driver \_\_\_ Telephone Reassurance  
\_\_\_ Computer Trainer \_\_\_ Home Delivered Meals \_\_\_ IT/Networking Guru \_\_\_ Website Designer  
\_\_\_ Meal Center Aides \_\_\_ Meal Packer \_\_\_ Office Support \_\_\_ Other \_\_\_\_\_

**INTERESTS AND SKILLS**

Please describe special skills, hobbies, and interests (e.g., crafts, musical instruments, computer skills).

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**PREVIOUS EXPERIENCE**

List previous experience (volunteer, paid, or educational) that would be helpful in working with our Agency.

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**REFERENCES**

- 1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Occupation: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address \_\_\_\_\_ Occupation: \_\_\_\_\_

**LTC OMBUDSMAN PROGRAM/VIRGINIA INSURANCE COUNSELING AND ASSISTANCE PROGRAM**

Do you or a family member work in or own a long-term care facility?  yes  no

Does a member of your family reside in a long-term care facility at the present time or have they in the past six months?  yes  no If yes, what facility? \_\_\_\_\_

Are you a licensed insurance broker/agent?  yes  no

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Have you ever been convicted of a felony violation of law?  yes  no

If yes, explain: \_\_\_\_\_

Have you ever had a surety bond denied or application for bond refused?  yes  no

If yes, explain: \_\_\_\_\_

A criminal history check will be conducted on all volunteers.

I hereby certify that the entries given in this application are true and accurate to the best of my knowledge. I authorize investigation of all statements contained on this application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_