

Positively Aging Buck County (PABC) Volunteer Program

A program of

Bucks County Area Agency on Aging (BCAAA)

30 East Oakland Ave.

Doylestown, PA 18901

Phone: 267-880-5700 Fax: 215-348-0356

E-Mail: Aging@BucksCounty.org

Website: <http://www.buckscounty.org/government/HumanServices/AAA/PositivelyAging>

Volunteer Enrollment Form

Please print and complete all sections

Personal Information:

Name: _____

Phone: _____ Birth Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

**please circle/check preferred mode of communication: phone text email

Gender: Male ___ Female _____ Have you served in the military? Yes ___ No _____

Ethnic Group: Caucasian ___ African American ___ Hispanic _____

Native Amer/Alaskan ___ Asian ___ Other _____

Physical/ Medical Limitations:

*ID state/type: _____ ID number: _____ Exp. Date: _____

*Auto Insurance Company: _____ Policy No: _____

Exp. Date: _____

Emergency Contact _____ Phone _____

Experience, Interests, and Skills:

Education/Training: Grade School _____ High School _____ Tech School _____ College _____

Employment Experiences:

Skills, Interests, Languages:

Previous Volunteer Experience:

Days/Hours Available:

**Positively Aging Buck County (PABC) Volunteer Program
Areas of Interest or Skills**

Please indicate areas of interest with an "I" and skills with an "S".

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative tasks | <input type="checkbox"/> Driver | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Effective communication | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Mailing Preparation | <input type="checkbox"/> Empower others | <input type="checkbox"/> People skills |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Event planning/coordinating | <input type="checkbox"/> Phone Calls |
| <input type="checkbox"/> Packet Preparation | <input type="checkbox"/> Event/program promotion | <input type="checkbox"/> Problem solving |
| <input type="checkbox"/> Application completion | <input type="checkbox"/> Food Bank | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Assist the chronically ill | <input type="checkbox"/> Food Service Worker | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Read to Children |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Games/Crafts with Children | <input type="checkbox"/> Tax Assistant |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Word | <input type="checkbox"/> Health Care | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Tutor – Bilingual |
| <input type="checkbox"/> Publisher | <input type="checkbox"/> Insurance Counseling | <input type="checkbox"/> Visit/Companionship |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Interpreting | <input type="checkbox"/> Available for special projects |
| <input type="checkbox"/> Crafts (includes sewing and knitting) | <input type="checkbox"/> Interviewing | <input type="checkbox"/> Other - Please list: |
| <input type="checkbox"/> Deliver Prepared Meals | <input type="checkbox"/> Literacy | |
-

PREFERRED POPULATION(S) [Please check **all** the age groups you are open to serving]:

Children Adults Older Adults

FREQUENCY [Please check **all** that apply]: I am hoping to volunteer:

On a regular and ongoing basis On a sporadic as needed basis

Written Consent

- I understand that if I use my personal automobile to and from my volunteer workstation, I will maintain and provide proof of automobile liability insurance equal to, or greater than, the minimum required by the Commonwealth of Pennsylvania. I will notify PABC of any change in status to my driver license and/or any change regarding my auto insurance coverage.
- Bucks County Area Agency on Aging may use my name, town, likeness and volunteer information, such as job placement and hours served to promote visibility/recruitment for BCAA, PABC Volunteer Program, and/or my station.
- I understand that my name may be published in conjunction with volunteer recognition activities.
- I volunteer my services through the Bucks County Area Agency on Aging and understand that I am not an employee of the Bucks County Area Agency on Aging or the County of Bucks.
- I understand that PABC volunteers often have recurring access to vulnerable populations. I give consent/authorization to Bucks County Area Agency on Aging to proceed with criminal background check(s) as necessary for the applied volunteer position.

Volunteer Signature: _____

Date _____

For Office Use Only: Placement Made On _____ Start Date _____

- Verification of Identity – Photocopy/scan of government-issued ID attached
- Verification of Auto Insurance – Photocopy/scan of Car insurance ID card
- Reviewed Criminal Record Clearance requirements for desired volunteer position/job.
- Signed written consent for clearances
- Criminal Clearance Form completed (attach)

Record Checks

Level 0 = no criminal record clearance req.

Level 2= Federal Criminal Record (+ State Criminal clearance)

Level 1= State Criminal Clearance

Level 3= Federal Criminal Record (+ State Criminal + Child Abuse)

Position			
Clearance Level			
Site			
Date of Placement			
Start Date			
Finish Date			
State Criminal Record Clearance		Yes / No	
Date initiated:		Date Completed:	
Source: epatch.state.pa.us		Outcome:	
Child Abuse Record Clearance		Yes / No	
Date initiated:		Date Completed:	
Source: compass.state.pa.us/cwis/public		Outcome:	
Federal Criminal Record Clearance		Yes / No	
Date initiated:		Date Completed:	
Source: Identogo.com		Outcome:	

- All necessary Clearances completed
- Results of Clearances attached (Hard copy + uploaded to VR) & shared with VO site (if needed)
- Potential Volunteer made aware of clearance outcomes (Date: _____)
- Entered in VO reporter. ID# _____

Volunteer Coordinator Signature Date

PABC Program Supervisor Signature Date