



**North Ottawa  
County**

***Council on Aging***

**North Ottawa County Council on Aging Volunteer Application**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ Employer \_\_\_\_\_

Driver's License \_\_\_\_\_ S.S.# \_\_\_\_\_

Emergency Contact Information: Name of Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Relationship \_\_\_\_\_

I am available to help at the following day and times:

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Weekend/Special Events

The ways in which I am willing/able to help are:

- Musical
- Home Delivered Meals
- Tax assistance
- Class instructor
- Outings/Chaperone
- Fundraising
- Telephone Reassurance
- Transportation
- Reception
- Friendly Visitor
- Center Helper
- Advisory
- Outside improvements
- Special Events
- Newsletter
- Medicare/Medicaid Counselor
- Kitchen/lunch program
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Any special training or skills, please list here:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any health limitations we should be aware of?

Do you have liability insurance (auto and/or homeowners)?

Reference Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reference Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

**ALL VOLUNTEERS ARE SUBJECT TO A BACKGROUND CHECK PRIOR TO THEIR COMMITMENT.**

***Please mail this application back to or drop off at NOCCOA, 422 Fulton Ave., Grand Haven, MI 49417***