



**Volunteer Information-** *These answers to the following questions will assist our office in determining what type of volunteer work will be most beneficial to you and to the Dauphin County Area Agency on Aging base on our needs and your skills and preferences.*

Are you:  Retired  Employed (Position): \_\_\_\_\_  
 Student  Other: \_\_\_\_\_

What is your educational background?

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What skills have you gained from previous employment that will help you become a successful volunteer?

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Do you possess any skills that might aid you in a volunteer position?

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What are your interests/hobbies?

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Is there a specific program that you would like to volunteer for?

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*(Name of Program)*

Do you speak a language other than English?  Yes  No

(If yes, what?)

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Do you participate in any other volunteer activities?

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**Availability-** *please list all times.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Background information-**

Have you ever been convicted of a felony?

Yes

No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that all the information on this application is correct. By signing this application, I give the Dauphin County Area Agency on Aging permission to obtain a Criminal Background Check from the Pennsylvania State Police. In addition, by signing this application, I give the Dauphin County Area Agency on Aging permission to contact my references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RETURN THIS VOLUNTEER APPLICATION TO:  
 SALLY SNYDER, ADMINISTRATIVE OFFICER II  
 DAUPHIN COUNTY AREA AGENCY ON AGING  
 2 SOUTH SECOND 3<sup>RD</sup> FLOOR  
 HARRISBURG, PENNSYLVANIA 17101