



Volunteer Application



For Office Use Only:	
Recruiter:	
Date Rec'd:	
Coordinator:	
SF DB:	Date:
VR DB:	Date:

Name: _____
 Title First Middle Initial Last

Address: _____
 Street Address Apt. # City State Zip County

Primary contact phone number: _____ Other: _____

Email Address: _____ Gender: Male Female

Date of Birth (Month/Date/Year): _____ Are you an US Veteran? Yes No

I grant Greater Cleveland Volunteers permission to publish any pictures that may be taken of me: Yes No

Are you interested in: Steady volunteer assignments One-time events or Both

How did you hear about Greater Cleveland Volunteers/AARP Experience Corps?

If you are currently volunteering, please list the name of the agency and the volunteer job title.

BACKGROUND CHECKS: (All AARP Experience Corps volunteers are required to undergo a background check). Refusing to do so will exclude you from serving in the AARP Experience Corps program. Not all convictions will prevent your service. However, failure to report convictions prior to the background check will prevent you from serving in the program.

Have you ever been convicted of a crime? Yes No

HEALTH: Do you have any health or physical limitations which prevent you from certain volunteer activities?

Yes No If so, what are those limitations? _____

Name of Emergency Contact: _____ Phone # _____

INSURANCE: AARP Experience Corps volunteers are covered by free excess accident insurance while traveling to and from their volunteer activities and excess accident and liability insurance while volunteering. Please list your beneficiary for the insurance policy.

Name of Beneficiary: _____ Phone # _____

Beneficiary Address: _____
 Street Address City State Zip

Will you drive to and from your volunteer assignments? Yes No

Driver's License Number (begins with 2 letters): _____ Expiration Date: _____

I agree to volunteer my services through Greater Cleveland Volunteers and understand that I am not an employee of Greater Cleveland Volunteers. Please sign this form and return it by mail or fax.

Signature

Date

Over

Supplemental Volunteer Information Form

Volunteer Name: _____

The following information is required by our funding sources. The information is reported in total, not by individual. We ask your cooperation in answering the following questions. Thank you.

How would you describe yourself? African American American Indian or Alaskan Native
 Asian Caucasian Native Hawaiian or Pacific Islander

Are you: Hispanic or Latino Not Hispanic or Latino

Please indicate your annual household income level: Below \$10,500 \$10,501-\$20,000
 \$20,001-\$30,000 \$30,001-\$40,000 \$40,001-\$50,000 Over \$50,000

**Please check off any areas in which you possess skills or talents
that you are willing to share as a volunteer.**

ARTS & CRAFTS	CLERICAL/BUSINESS	EDUCATION/YOUTH	COMPUTERS & TECHNOLOGY
<input type="checkbox"/> crafts	<input type="checkbox"/> accounting/bookkeeping	<input type="checkbox"/> art teacher	<input type="checkbox"/> desktop publishing
<input type="checkbox"/> crochet/knitting	<input type="checkbox"/> clerical work	<input type="checkbox"/> child care	<input type="checkbox"/> internet
<input type="checkbox"/> gift wrapping	<input type="checkbox"/> data entry	<input type="checkbox"/> ESL instruction	<input type="checkbox"/> programming
<input type="checkbox"/> painting	<input type="checkbox"/> filing	<input type="checkbox"/> GED instruction	<input type="checkbox"/> teaching
<input type="checkbox"/> photography	<input type="checkbox"/> mailings	<input type="checkbox"/> librarian/library aide	<input type="checkbox"/> website design/maintenance
<input type="checkbox"/> quilting	<input type="checkbox"/> notary	<input type="checkbox"/> mentor	ENVIRONMENT/NATURE
<input type="checkbox"/> sewing	<input type="checkbox"/> receptionist	<input type="checkbox"/> music teacher	<input type="checkbox"/> animal care
CULTURAL/COMMUNITY	<input type="checkbox"/> telephone	<input type="checkbox"/> storytelling	<input type="checkbox"/> environmental advocacy
<input type="checkbox"/> host/hostess	ENTERTAINMENT	<input type="checkbox"/> teach/tutor adults	<input type="checkbox"/> flower arranging
<input type="checkbox"/> information desk	<input type="checkbox"/> acting	<input type="checkbox"/> teach/tutor children	<input type="checkbox"/> gardening/landscaping
<input type="checkbox"/> registration table	<input type="checkbox"/> dancing	<input type="checkbox"/> teacher's aide	<input type="checkbox"/> naturalist/assistant
<input type="checkbox"/> tour guide/docent	<input type="checkbox"/> play an instrument	LANGUAGES	<input type="checkbox"/> park trail monitor
<input type="checkbox"/> usher	<input type="checkbox"/> singing	<input type="checkbox"/> Arabic	SPECIALIZED FIELDS
HEALTH	<input type="checkbox"/> teach an instrument	<input type="checkbox"/> Braille	<input type="checkbox"/> advertising
<input type="checkbox"/> blood mobile worker	RETAIL/SALES	<input type="checkbox"/> Chinese	<input type="checkbox"/> attorney
<input type="checkbox"/> doctor	<input type="checkbox"/> cashier/sales clerk	<input type="checkbox"/> French	<input type="checkbox"/> bartender
<input type="checkbox"/> health aide	<input type="checkbox"/> display work	<input type="checkbox"/> German	<input type="checkbox"/> chef/caterer
<input type="checkbox"/> health educator	<input type="checkbox"/> inventory	<input type="checkbox"/> Italian	<input type="checkbox"/> disaster preparedness/relief
<input type="checkbox"/> hospice care	<input type="checkbox"/> management	<input type="checkbox"/> Japanese	<input type="checkbox"/> emergency/safety services
<input type="checkbox"/> medical records	SPORTS/LEISURE	<input type="checkbox"/> Russian	<input type="checkbox"/> engineer
<input type="checkbox"/> nurse	<input type="checkbox"/> baseball	<input type="checkbox"/> Portuguese	<input type="checkbox"/> financial management
SOCIAL SERVICE	<input type="checkbox"/> basketball	<input type="checkbox"/> Sign	<input type="checkbox"/> fundraising
<input type="checkbox"/> assisting older adults	<input type="checkbox"/> biking	<input type="checkbox"/> Spanish	<input type="checkbox"/> grant writing
<input type="checkbox"/> crisis support	<input type="checkbox"/> billiards	TRADES	<input type="checkbox"/> graphic design
<input type="checkbox"/> driver/escort	<input type="checkbox"/> board games	<input type="checkbox"/> carpentry	<input type="checkbox"/> military
<input type="checkbox"/> friendly visitor	<input type="checkbox"/> bowling	<input type="checkbox"/> construction	<input type="checkbox"/> public policy/advocacy
<input type="checkbox"/> guardian	<input type="checkbox"/> card games	<input type="checkbox"/> electrical	<input type="checkbox"/> public relations
<input type="checkbox"/> hunger relief/food pantry	<input type="checkbox"/> coaching	<input type="checkbox"/> mechanic	<input type="checkbox"/> public service
<input type="checkbox"/> job/career counselor	<input type="checkbox"/> cooking	<input type="checkbox"/> painting	<input type="checkbox"/> writing
<input type="checkbox"/> social work	<input type="checkbox"/> football	<input type="checkbox"/> plumbing	
<input type="checkbox"/> working with disabled	<input type="checkbox"/> golf		
<input type="checkbox"/> working with homeless	<input type="checkbox"/> yoga		

Other skills or talents:

AARP Experience Corps tutors work with students, one-on-one, in grades K-3, on basic literacy skills. Tutors serve between 5-15 hours (2-5 days) per week. Please check the type of service you are interested in:

- 5-9 hours per week (No stipend available)
- 10 hours per week (\$3 per hour stipend may be available)
- 15 hours per week (\$3 per hour stipend may be available)

Which days do you prefer to volunteer? (The days you choose are not your permanent assignment)

_____ M _____ T _____ W _____ TH _____ F

Are you able to volunteer for an entire 9-month period? (September – May)

_____ Yes _____ No

I understand that attending trainings and team meetings is a requirement of the program. (_____)
initial

Briefly describe any experience you have had working with children, or working in a school setting:

What qualities do you have that will make you an effective volunteer tutor?

What are some of the reasons you are interested in becoming an AARP Experience Corps member?

What types of things would you like to learn as a volunteer?

Please list any questions you have:

Please list previous volunteer or employment experience:

1. Name of Organization/Company: _____

Responsibilities: _____

Length of time with organization from _____ to _____

2. Name of Organization/Company: _____

Responsibilities: _____

Length of time with organization from _____ to _____

3. Name of Organization/Company: _____

Responsibilities: _____

Length of time with organization from _____ to _____

Please list 3 references: One should be a work or volunteer position related reference. Do not list family members. Indicate the best time of day that they can be reached:

1. Name: _____ Daytime Phone: _____

Relationship: _____ Business/organization: _____

2. Name: _____ Daytime Phone: _____

Relationship: _____ Business/organization: _____

3. Name: _____ Daytime Phone: _____

Relationship: _____ Business/organization: _____

I have read and understand the application and have completed it with accurate information. I understand that acceptance into the program is at the sole discretion of Greater Cleveland Volunteers and the AARP Experience Corps Program.

Your Signature

Date

Return signed application to:
AARP Experience Corps
c/o Greater Cleveland Volunteers
4415 Euclid Avenue, Suite #200
Cleveland, OH 44103-3758

An AARP Experience Corps coordinator will contact you to complete the application process and set up an interview. Applications submitted without signatures will not be processed.