



# 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

**BACKGROUND CHECKS** (All AARP/Experience Corps applicants are required to undergo a background check). Refusing to do so will exclude you from consideration to serve in the AARP/Experience Corps program.

**Have you ever been convicted of a crime?**  Yes  No **If yes, please explain:**

\_\_\_\_\_  
 Not all convictions will prevent your service. *Failure to report charges/convictions may preclude you from acceptance into or dismissal from the Experience Corps program at the discretion of the AARP/Experience Corps staff.*

## 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:** Experience Corps volunteers are covered by free excess accident and liability insurance while traveling to and from their volunteer activities and while volunteering.

Name of Beneficiary: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

**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/Latino  Non Hispanic/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

**I agree to volunteer my services through Greater Cleveland Volunteers and understand that I am not an employee of Greater Cleveland Volunteers.**

Signature

Date

Volunteer Name \_\_\_\_\_

## Supplemental Volunteer Information Form

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

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

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

**Please check off any areas in which you possess skills or talent which 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	<b>ENVIRONMENT/NATURE</b>
<input type="checkbox"/> sewing	<input type="checkbox"/> receptionist	<input type="checkbox"/> music teacher	<input type="checkbox"/> animal care
<b>CULTURAL/COMMUNITY</b>	<input type="checkbox"/> telephone	<input type="checkbox"/> storytelling	<input type="checkbox"/> environmental advocacy
<input type="checkbox"/> host/hostess	<b>ENTERTAINMENT</b>	<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	<b>LANGUAGES</b>	<input type="checkbox"/> park trail monitor
<input type="checkbox"/> usher	<input type="checkbox"/> singing	<input type="checkbox"/> Arabic	<b>SPECIALIZED FIELDS</b>
<b>HEALTH</b>	<input type="checkbox"/> teach an instrument	<input type="checkbox"/> Braille	<input type="checkbox"/> advertising
<input type="checkbox"/> blood mobile worker	<b>RETAIL/SALES</b>	<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	<b>SPORTS/LEISURE</b>	<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
<b>SOCIAL SERVICE</b>	<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	<b>TRADES</b>	<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		



**Experience:** *Please list previous volunteer or employment experience:*

1) Name of Organization/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Length of time with organization from \_\_\_\_\_ to \_\_\_\_\_  **Ok to contact reference**

2) Name of Organization/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Length of time with organization from \_\_\_\_\_ to \_\_\_\_\_  **Ok to contact reference**

3) Name of Organization/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Length of time with organization from \_\_\_\_\_ to \_\_\_\_\_  **Ok to contact reference**

**References:** **Please list 3 references NOT already listed. One work related reference required; no relatives.**

Please list phone numbers and the best time they can be reached:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Best time: \_\_\_\_\_

Business/organization: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Best time: \_\_\_\_\_

Business/organization: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Best time: \_\_\_\_\_

Business/organization: \_\_\_\_\_

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Please read and sign the statement below. Mail the application to the Greater Cleveland Volunteers/AARP Experience Corps office. An AARP Experience Corps coordinator will contact you to complete your application and set up an interview. Applications submitted without signatures will not be processed.

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

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Signature

Date

**Please return signed application to: AARP Experience Corps, 4415 Euclid Avenue, #200, Cleveland, OH 44103-3758**