

**Bucks County Area Agency on Aging (BCAAA)**

30 East Oakland Ave.

Doylestown, PA 18901

Phone: 267-880-5700 Fax: 215-348-9253

E-Mail: [Agging@co.bucks.pa.us](mailto:Agging@co.bucks.pa.us)

Website: [www.buckscounty.org/government/HumanServices/AAA](http://www.buckscounty.org/government/HumanServices/AAA)

**Volunteer Enrollment Form**

Please print and complete all sections

***Personal Information:***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_ 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:

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Skills, Interests, Languages:

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Previous Volunteer Experience:

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Days/Hours Available:

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**Areas of Interest or Skills**

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accountant                            | <input type="checkbox"/> Financial Consultant       | <input type="checkbox"/> Military                         |
| <input type="checkbox"/> Animals                               | <input type="checkbox"/> Food Bank                  | <input type="checkbox"/> Music                            |
| <input type="checkbox"/> Banking                               | <input type="checkbox"/> Food Service Worker        | <input type="checkbox"/> Nature Centers                   |
| <input type="checkbox"/> Bookkeeping                           | <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Nurse                            |
| <input type="checkbox"/> Business Consultant                   | <input type="checkbox"/> Games/Crafts with Children | <input type="checkbox"/> Public Relations                 |
| <input type="checkbox"/> Carpentry                             | <input type="checkbox"/> Grant Writer               | <input type="checkbox"/> Public Speaking                  |
| <input type="checkbox"/> Computers                             | <input type="checkbox"/> Graphic Design             | <input type="checkbox"/> Read to Children                 |
| <input type="checkbox"/> Crafts (includes sewing and knitting) | <input type="checkbox"/> Health Care                | <input type="checkbox"/> Read to Visually Impaired Adults |
| <input type="checkbox"/> Crisis Counselor                      | <input type="checkbox"/> Hospice Care               | <input type="checkbox"/> Serve on Boards                  |
| <input type="checkbox"/> Docent                                | <input type="checkbox"/> Insurance Counseling       | <input type="checkbox"/> Special Education                |
| <input type="checkbox"/> Deliver Prepared Meals                | <input type="checkbox"/> Interpreting               | <input type="checkbox"/> Tax Assistant                    |
| <input type="checkbox"/> Disabled Adults or Children           | <input type="checkbox"/> Interviewing               | <input type="checkbox"/> Teacher/ Teacher Assistant       |
| <input type="checkbox"/> Doctor                                | <input type="checkbox"/> Literacy                   | <input type="checkbox"/> Tutor                            |
| <input type="checkbox"/> Driver                                | <input type="checkbox"/> Mailing Preparation        | <input type="checkbox"/> Tutor - Bilingual                |
| <input type="checkbox"/> Engineer                              | <input type="checkbox"/> Mental Health Worker       | <input type="checkbox"/> Other - Please list:             |
| <input type="checkbox"/> Environmentalist                      | <input type="checkbox"/> Mentoring                  | <input type="checkbox"/> Available for special projects   |
| <input type="checkbox"/> Faith Based Services                  |   |   |
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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.

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 BCAAA and my station.

I volunteer my services through the Bucks County Area Agency on Agency and understand that I am not an employee of the Bucks County Area Agency on Aging or the County of Bucks.

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Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Volunteer Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

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BCAAA Director Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only:** Placement Made On \_\_\_\_\_ Start Date \_\_\_\_\_

Station: \_\_\_\_\_

Job Description: \_\_\_\_\_

Days Scheduled: M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_ S\_\_\_ Sun\_\_\_ Time: Start: \_\_\_\_\_ Finish: \_\_\_\_\_