



GENERAL VOLUNTEER REGISTRATION

Please fill out this form in its entirety. Clear and accurate completion of this sheet will help in the continued success of our programs. All volunteers are subject to a background check prior to volunteering with the Geauga County Department on Aging. Volunteers may be dismissed from duties at any time. By signing, I agree to conform to the rules and regulations set forth by the Geauga County Department on Aging to the best of my ability.

I agree to respect the confidential nature of my personal contacts with clients.

For questions or comments concerning volunteer opportunities, call:

(440) 279-2138 or (440) 279-2130

Last Name: _____ **First Name:** _____

Date of Birth: _____ **Sex:** Male Female **Check if 18 Years Old or Over**

Group Name (if applicable): _____

Group Contact Name (if applicable): _____ **Group Contact Phone:** _____

Home Address: _____ **City/State:** _____ **Zip:** _____

Mailing Address: _____ **City/State:** _____ **Zip:** _____
(If Different From Above)

Day/Work Phone: _____ **Cell Phone:** _____

E- mail: _____

Preferred Method of Contact: Cell Phone Day/Work Phone Email

Emergency Phone Contact:

Name: _____ **Relationship:** _____

Home Phone: _____ **Mobile Phone:** _____

Days Available: Monday Tuesday Wednesday Thursday Friday

Area of Interest: Office Kitchen Senior Center Spring/Fall CleanUp

Other: _____

Location: Chagrin Falls Chardon Middlefield West Geauga

Other: _____

Signature: _____ **Date:** _____