**VOLUNTEER APPLICATION**

Lead in about volunteering with Bay Aging…

The following are the form fields that need to be built.

First Name:

Last Name:

Birthday:

Street Address:

City:

State:

Zip Code:

Cell Phone:

Home Phone:

Email Address:

What county (or counties) in Bay Aging’s service area would you like to volunteer in? <<comment box>>

Please describe your previous employment experience.

<<comment box>>

Please describe your previous volunteer experience.

<<comment box>>

What is your preferred volunteer assignment?

<<comment box>>

What days are you available to volunteer? Select all that apply.

<<checkboxes with days of the week>>

Do you have a physical condition Bay Aging needs to know about?

<<yes or no>>

If yes, please continue filling out the following fields:

Emergency Contact:

Phone:

Street Address:

City:

State:

Zip:

Doctor’s Name:

Doctor’s Phone:

Who is your beneficiary for Bay Aging’s Supplemental Accident Insurance (no cost to volunteer)?

Name:

Relationship:

Street Address:

City:

State:

Zip:

Phone:

Are you a veteran?

<<yes or no>>

By submitting this application, I hereby certify that all entries are true and complete, and I certify that I have not been convicted of any of the barrier crimes as outlined here.

<<<link to this site for reference to barrier crimes: <http://www.vdh.virginia.gov/content/uploads/sites/96/2016/07/Barrier-Crimes.pdf>

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Please note that you may be required to provide additional information and sign a waiver during your on-boarding as a Bay Aging volunteer.

SUBMIT BUTTON