



Rappahannock Area Agency on Aging

d/b/a Healthy Generations Area Agency on Aging

460 Lendall Lane Fredericksburg, VA 22405

540-371-3375

Please email the completed volunteer form to info@healthygenerations.org

Volunteer Application

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City and State) (Zip)

Telephone #: _____ Email Address: _____

Date available to begin: _____

Birth Date: _____

Will you accept volunteer work that requires the use of your personal automobile? _____yes_____no

Do you have any special needs or physical limitations?

If so, explain: _____

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?

____Newsletter ____Email ____Internet ____Volunteer Fair ____Other: _____

AVAILABILITY

Monday: Times available: From _____ to _____

Tuesday: Times available: From _____ to _____

Wednesday: Times available: From _____ to _____

Thursday: Times available: From _____ to _____

Friday: Times available: From _____ to _____

Totals hours desired: _____ Weekly/Monthly (Circle One)

INTERESTS AND SKILLS

Please describe special skills, hobbies, and interests (e.g., crafts, musical instruments, computer skills).

PREVIOUS EXPERIENCE

List previous experience (volunteer, paid, or educational) that would be helpful in working with our Agency.

Volunteer Options – Check one or more

- Agency Community Representative
- Senior Cafe Assistant Volunteer
- Street Team Member
- Telephone Reassurance – Checking
- VICAP (Medicare) Counselor Volunteer
- Other: _____

Emergency Contact

Name: _____

Relationship: _____ Phone #: _____

REFERENCES

1. Name: _____ Phone #: _____

Address: _____

2. Name: _____ Phone #: _____

Address _____

Have you ever been convicted of a felony violation of law? yes no

If yes, explain: _____

Have you ever had a surety bond denied or application for bond refused? _____yes_____no

If yes, explain: _____

A criminal history check will be conducted on all volunteers.

I hereby certify that the entries given in this application are true and accurate to the best of my knowledge. I authorize investigation of all statements contained on this application.

Date: _____

Signature: _
