



Baker County **Council on Aging**
9264 Buck Starling Rd., Macclenny, FL, 32063
Tel: (904) 259-9318 Fax: (904) 259-8333

VOLUNTEER INFORMATION SHEET

Name: _____ **Date:** _____

Birth Date: _____ **Driver's License #:** _____

Phone #: _____ **E-Mail Address:** _____

Emergency Contact: _____ **Emergency Phone #:** _____

I am interested in (check all that apply):

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Activities Assistant | <input type="checkbox"/> Meals on Wheels Driver |
| <input type="checkbox"/> Class Instructor | <input type="checkbox"/> Handyman/Home Repair |
| <input type="checkbox"/> Intergenerational Activities | <input type="checkbox"/> Friendly Visitor |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Building & Ground Maintenance |
| <input type="checkbox"/> Other Specify: _____ | |

Days/Time Available: _____

I understand that if I use my personal automobile in my volunteer service, I will agree to keep in effect automobile insurance equal to the minimum required by the State of Florida. Furthermore, I understand that I am not an employee of the Council on Aging. Lastly, I hereby acknowledge that the Council on Aging will review my information and complete a Criminal Offense Record Inquiry (CORI) on me.

SIGNATURE OF VOLUNTEER: _____ **Date:** _____

****Completed applications can be mailed or hand delivered to 9264 Buck Starling Rd, Macclenny, FL, 32063. Applicants will be required to submit a valid driver's license and complete a CORI request form.**