



VOLUNTEER REGISTRATION FORM

You can either fill out this form on your computer and print it,
or print the blank form and then fill it out by hand. Return the completed form to
Dutchess County Office for the Aging, 27 High Street, Poughkeepsie, NY 12601

Date _____ What type of volunteer activity are you interested in? _____

Name _____

Mailing Address _____

Home Phone _____ Cell (if any) _____

Date of Birth _____ Email _____

Emergency Contact _____ Phone _____

CIRCLE THE DAY(S) YOU WOULD BE AVAILABLE: MON TUES WED THURS FRI

Time(s) you are usually available _____ Daily Weekly Monthly

Do you have any medical limitations? _____

Have you ever been convicted of a misdemeanor or felony? _____

Special skills (foreign languages, certifications, etc.) _____

What type of transportation will you use to get to your volunteer assignment? _____

Personal Reference _____

Address _____

Phone _____

Previous volunteer experience _____

Because you will have direct contact with frail elderly, the County may initiate inquiries into your personal history including searches of police and motor vehicle files. By signing the form below you hereby grant the County permission to make any such search or investigation.

Volunteer Signature _____

Your 9 Digit NY Driver's License / ID Number _____



Dutchess County Office for the Aging
(845) 486-2555 or toll free at (866) 486-2555
www.dutchessny.gov