



BALTIMORE COUNTY DEPARTMENT OF AGING VOLUNTEER REGISTRATION



Baltimore County Executive Katherine Klausmeier
and the County Council

Thank you for your interest in volunteering with the Baltimore County Department of Aging.

Please complete this registration page and the application page(s) for programs in which you are interested in volunteering: RSVP, Home Team, Ombudsman, Senior Centers and/or SHIP. Note: we must have your residential address, not a P.O. Box.

VOLUNTEER INFORMATION				
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
ADDRESS:			CITY:	ZIP CODE:
HOME PHONE:	OTHER PHONE:		EMAIL:	
BIRTH DATE:	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	SSN: XXX-XX-_____		
RACE: BLACK <input type="checkbox"/> NATIVE AMERICAN/ALASKAN <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> MULTIRACIAL <input type="checkbox"/>				
ETHNICITY: HISPANIC/LATINO YES <input type="checkbox"/> NO <input type="checkbox"/>				ARE YOU A VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/>
PHYSICAL LIMITATIONS:				
AVAILABILITY				
MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY/SUNDAY <input type="checkbox"/> PLEASE SPECIFY TIMES WHEN AVAILABLE:				
DEPARTMENT OF AGING VOLUNTEER PROGRAM INTEREST				
<input type="checkbox"/> FOOD AGENT (HOME TEAM) <input type="checkbox"/> LONG TERM CARE ADVOCATE (OMBUDSMAN) <input type="checkbox"/> NUTRITION SITES <input type="checkbox"/> FRIENDLY VISITING (HOME TEAM) <input type="checkbox"/> MEDICARE EDUCATION (SHIP) <input type="checkbox"/> RSVP <input type="checkbox"/> SENIOR CENTERS				
Individuals interested in volunteering with the Baltimore County Department of Aging who are aged 55 or older are automatically included as active participants in the Retired Senior Volunteer Program (RSVP).				
TRANSPORTATION				
Primary means of transportation:				
How far are you willing to travel to your assignment? 5 MILES <input type="checkbox"/> 10 MILES <input type="checkbox"/> 10+ MILES <input type="checkbox"/>				
EMERGENCY CONTACT				
NAME:				
PHONE:		RELATIONSHIP:		
AUTHORIZATION				
By signing below, you certify that all information on this registration and application is true.				
VOLUNTEER SIGNATURE:				DATE:



OMBUDSMAN PROGRAM VOLUNTEER ADVOCATE APPLICATION

Ombudsman is an advocacy program created to protect the rights and promote the well being of long term care residents.

EDUCATIONAL BACKGROUND	
Please indicate your highest completed level of education:	
HIGH SCHOOL <input type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD <input type="checkbox"/>	
EMPLOYMENT BACKGROUND	
Please indicate your current employment status:	
EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/>	
Please list your current/most recent employer first.	
1. ORGANIZATION:	YEARS ____ to ____ CITY/STATE:
POSITION/TITLE:	TYPE OF WORK:
2. ORGANIZATION:	YEARS ____ to ____ CITY/STATE:
POSITION/TITLE:	TYPE OF WORK:
3. ORGANIZATION:	YEARS ____ to ____ CITY/STATE:
POSITION/TITLE:	TYPE OF WORK:
OMBUDSMAN PROGRAM INTEREST	
How did you learn about the Ombudsman Program?	
Why would you like to become an Ombudsman volunteer?	
Have you ever visited, worked, or volunteered in a nursing home/assisted living facility? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please describe previous experience with the facility.	
REFERENCES	
Please provide two references of persons who you have known for at least 3 years and are not related to you.	
1. NAME:	RELATIONSHIP:
ADDRESS:	EMAIL:
CITY/STATE:	ZIP: PHONE:
2. NAME:	RELATIONSHIP:
ADDRESS:	EMAIL:
CITY/STATE:	ZIP: PHONE:
APPLICANT SIGNATURE:	DATE



**RETIRED SENIOR VOLUNTEER PROGRAM OF BALTIMORE COUNTY
VOLUNTEER APPLICATION**



Use your talents to give back to your community. Local government agencies and nonprofit organizations are looking for volunteers to assist them in carrying out their organization's mission.

VOLUNTEER/WORK EXPERIENCE	
PREVIOUS OCCUPATION:	
PREVIOUS VOLUNTEER EXPERIENCE:	
INTERESTS, SKILLS, HOBBIES:	
HOW DID YOU FIND OUT ABOUT RSVP?	
PREFERRED VOLUNTEER ASSIGNMENT	
Please indicate your top three volunteer placement requests. 1) 2) 3)	
CRIMINAL BACKGROUND	
Have you ever been convicted of a serious crime, including but not limited to murder, sex offense, or weapons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If you answered YES to the above question, please explain fully:	
Because some volunteer assignments serve vulnerable populations, some volunteers may be required to complete a background investigation. If you do not wish to be placed in a volunteer assignment that requires such measures, please select "Opt-Out": OPT-OUT <input type="checkbox"/>	
DESIGNATION OF INSURANCE BENEFICIARY	
NAME:	RELATIONSHIP:
PHONE:	ADDRESS:
AUTHORIZATION	
By signing below, you are consenting to participate in the RSVP program and affirm that you are at least age 55.	
APPLICANT SIGNATURE:	DATE