



Tri-County Office on Aging Volunteer Application

(Please type or print)

Date _____

First Name _____

Last Name _____ Middle Initial _____

Address _____ City _____

State _____ Zip _____

Email _____

Day Time Telephone _____ Cell Phone _____

How did you hear about Tri-County Office on Aging volunteer opportunities? Please only check one.

- From a current or former TCOA/Meals on Wheels volunteer.
- From a current or former TCOA participant.
- From a current or former TCOA staff member.
- TCOA's Website
- Social Media
- External Website (United Way, VolunteerMatch, LinkedIn, etc.)
- Flyer
- Read in a newspaper article or heard on radio/TV.
- I am part of a student or business group doing a one-time special event.*
- Other:

How would you like to receive reminders about your upcoming volunteer shifts

(Meals on Wheels Only)?

- Text
- Email
- Phone Call
- No Reminder



Volunteer Experience (Agency/Organization Name and Volunteer Role)

Employment Background (Present and Past Employers and Positions Held)

Personal References (Name, Email, Telephone Number for Two or More Individuals Other Than a Relative)

Volunteer Positions:

- Nutrition/Meals on Wheels: Drive your own car or go with a partner and deliver hot lunches to clients who are unable to prepare their own meals. Most volunteers drive one lunch hour a month, others prefer to deliver more often. Mileage reimbursement is available.
- Nutrition/Dining Sites: Help dish up food at dining sites across the tri-county area. Also needed are individuals to help with educational and entertainment programs for the sites.
- Nutrition/Central Kitchen: Help prepare food or package individual meals.
- Medicare/Medicaid Assistance Program (MMAP): Meet with clients and take hotline callers who have questions and concerns about Medicare, medical bills, long-term care insurance, Medigap and Medicaid.
- General Administrative Volunteer: Participate in general office duties such as data entry, stuffing envelopes, and/or placing phone calls to gather and update resource information.
- Special Events: Participate in planning annual fundraising events by soliciting prizes and sponsors, selling raffle tickets, and/or volunteering on event day.
- Workshop Facilitators/Trainers: Share health and wellness information, lead groups, and/or facilitate evidence-based workshops or programs. Specific topics



may include: caregiver support, the fear of falling, chronic pain management, and diabetes management. Training is provided.

- Friendly Reassurance Calls: Receive a list of TCOA participants that you call about once per week. The purpose of the call is a friendly chat to reduce social isolation.
- Virtual Connections: Coach older adults to increase their comfort levels with iPhone and Android smartphone use. Training will be offered to volunteer coaches.
- Propose your own Volunteer Role:

Privacy Agreement/Permissions

- By checking this box, I understand that Tri-County Office on Aging conducts criminal history background checks on all volunteers and that additional information may be requested in order to review my driving record and/or "conviction only" criminal history. I understand that the information provided here and any additional information obtained by Tri-County Office on Aging will be kept strictly confidential.
- By checking this box, I agree to maintain confidentiality in the event that I come into contact with any personally identifiable information and/or protected health information of clients.
- By checking this box, I give permission to Tri-County Office on Aging to contact my references using the contact information I provide on this form.

Signature: _____

Date: _____

Please return this application to the
Tri-County Office on Aging, attn: Volunteer and Outreach Specialist,
5303 S. Cedar Street, Building 1,
Lansing MI 48911
Or Fax to TCOA at 517-887-8071



Criminal Background Check Information

I give permission for the following information to be used by Tri-County Office on Aging to secure information regarding my “conviction only” criminal history. I understand that the information provided below will be kept confidential and used for the sole purpose of checking my criminal history records every three years. Any information obtained by Tri-County Office on Aging will also be strictly confidential.

First Name _____ Last Name _____
Middle Initial _____

Date of Birth _____ Sex _____

Race (Please Circle One)

White / Black / Asian or Pacific Islander / American Indian or Alaskan Native /
Unknown or Other

Ethnicity (Please Circle One)

Hispanic or Latino / Not Hispanic or Latino

Have you lived outside the State of Michigan in the last 7 years?

Yes / No

If yes, additional information will be required.

Alias names, including previous married names or maiden name:

Signature

Date