



If using a phone, click



If not, fill out form below



**DAUPHIN
COUNTY**

OFFICE OF AREA AGENCY ON AGING
 DAUPHIN COUNTY ADMINISTRATION BUILDING
 3RD FLOOR
 2 SOUTH SECOND STREET
 HARRISBURG, PA 17101
 717-780-6300

BOARD OF COMMISSIONERS
 JUSTIN DOUGLAS, CHAIRMAN
 MIKE PRIES, VICE CHAIRMAN
 GEORGE P. HARTWICK III SECRETARY

CHIEF CLERK/CHIEF OF STAFF
 VINCE PAESE

DIRECTOR OF HUMAN SERVICES
 RANDIE YEAGER

ADMINISTRATOR
 BENJAMIN D. KNOX

Please check off the Volunteer Opportunities of interest

HomeDelivered
Meals Program

Ombudsman Program

PAMEDI
Program

Community Based Volunteer
Transportation

Personal Information- *The information provided on this form will be kept confidential within Dauphin County Human Services and only released when required by law or regulation.*

Last Name **First Name** **MI**

Address

City **State** **Zip Code**

Telephone Number **Email Address**

DOB (Date of Birth)

Emergency Contact Information

Last Name **First Name** **MI**

Telephone Number **Relationship**

References- *Please list 3 Professional/Personal References*

Name	Telephone Number	Relationship to you

Volunteer Information- *These answers to the following questions will assist our office in determining what type of volunteer work will be most beneficial to you and to the Dauphin County Area Agency on Aging base on our needs and your skills and preferences.*

Are you: Retired Employed (Position): _____
 Student Other: _____

What is your educational background?

What skills, abilities, and personal qualities do you bring that would make you a successful volunteer for Dauphin County Area Agency on Aging?

Is there a specific program that you would like to volunteer for?

(Name of Program)

Do you speak a language other than English? (If yes, what?)

Yes No

Do you participate in any other volunteer activities?

Availability- *please list all times.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>						
Afternoon	<input type="checkbox"/>						
Evening	<input type="checkbox"/>						

Background information-

Have you ever been convicted of a felony?

Yes

No

If yes, please explain:

I acknowledge that all the information on this application is correct. By signing this application, I give the Dauphin County Area Agency on Aging permission to obtain a Criminal Background Check from the Pennsylvania State Police. In addition, by signing this application, I give the Dauphin County Area Agency on Aging permission to contact my references.

Signature

Date