

# OMBUDSMAN PROGRAM

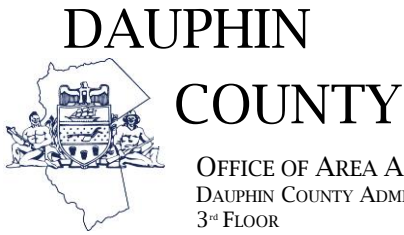
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OFFICE OF AREA AGENCY ON AGING  
DAUPHIN COUNTY ADMINISTRATION BUILDING  
3<sup>rd</sup> FLOOR  
2 SOUTH SECOND STREET  
HARRISBURG, PA 17101  
(717)780-6130

## DAUPHIN COUNTY VOLUNTEER APPLICATION

**PERSONAL INFORMATION** – *The information provided on this form will be kept confidential within Dauphin County Area Agency on Aging and only released when required by law or regulation.*

Last Name			First Name			Middle Initial		
Address								
City			State			Zip Code		
Telephone Number						Email Address (if available)		
Social Security Number						Date of Birth		

### EMERGENCY CONTACT INFORMATION

Last Name			First Name			Middle Initial		
Telephone Number						Relationship		

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## **REFERENCES – Please List 3 Professional/Personal References**

<b>NAME</b>	<b>TELEPHONE NUMBER</b>	<b>RELATIONSHIP TO YOU</b>

**VOLUNTEER INFORMATION –** The answers to the following questions will assist our office in determining what type of volunteer work will be most beneficial to you and to Dauphin County Area Agency on Aging based on our needs and your skills and preferences.

Are you:       Retired                       Employed: Position \_\_\_\_\_  
                   Student                          Other: \_\_\_\_\_

**What is your educational background?**

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**What skills have you gained, from previous employment, will help you become a successful volunteer?**

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**Do you possess any special skills that might aid you in a volunteer position?**

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**What are your interests/hobbies?**

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# OMBUDSMAN PROGRAM

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

\_\_\_\_\_  
**Name of Program**

**Do you speak a language other than English?**       YES       NO  
**If yes, what language(s) and how fluent are you?**

\_\_\_\_\_

\_\_\_\_\_

**Do you participate in any other volunteer activities?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***AVAILABILITY- PLEASE LIST TIMES***

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

## ***BACKGROUND INFORMATION***

**Have you ever been convicted of a felony crime?**       YES       NO

**If yes, please explain.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **OMBUDSMAN PROGRAM**

I acknowledge that all of 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

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## **RETURN THIS VOLUNTEER APPLICATION TO:**

**Robert Burns, Executive Director  
Dauphin County Area Agency on Aging  
2 South Second Street  
Third Floor  
Harrisburg, Pennsylvania 17101**

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