

Respite Volunteer Application

Aging Services for Communities (ASC)

212 1st St. S., P.O. Box 7

Montgomery, MN 56069

Email: AgingServices@frontiernet.net

507-364-5663

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____ Date of Birth: _____

Emergency Contact Person/Phone: _____

Level of Education Completed: High School ____ Vocational/College _____

Do you have an educational license or degree and in what? _____

Do you have experience volunteering? _____ If yes, Where? _____

What are your interests and hobbies? _____

When would you be available to volunteer? Day's ____ Evenings ____ Weekends ____

How many hours a week would you be available to volunteer? _____

Driver's License Number? _____

Vehicle Insurance Provider & Policy Number: _____

Have you ever been convicted of a felony or crime? Yes ____ No ____

If yes, explain: _____

Do you smoke? Yes ____ No ____ Are you allergic to cigarette smoke? Yes ____ No ____

Are you allergic to pets? Yes ____ No ____ If yes, explain: _____

Do you have any physical limitations to volunteering? Yes ___ No ___

If yes, explain:

How did you hear about this program? Newspaper ___ Church Bulletin ___
Friend ___ Other _____

Please list 3 Business or Personal References. Please do not list relatives:

1. Name: _____

Relationship to you: _____

Address/Phone: _____

2. Name: _____

Relationship to you: _____

Address/Phone: _____

3. Name: _____

Relationship to you: _____

Address/Phone: _____

My signature guarantees that the above information is true and I give permission for the Aging Services for Communities (ASC) Director to contact my references and to conduct a routine Criminal Background Check.

Signature: _____ Date: _____

Social Security Number for Background Check: _____

**** Please attach copy of your driver's license and insurance policy face sheet. We ask for this because we provide a liability insurance.