



Oceana County Council on Aging

Volunteer Application

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, severe/morbid obesity, medical condition, military or veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our clients and contributing to the success of the Oceana County Council on Aging, its guests, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact the Volunteer Coordinator.

General Information

Date of Application: _____

First and Last Name: _____

Address: _____ City: _____ Zip: _____

Telephone: Home _____ Alternate: _____

Email Address: _____

Best Method of contact? Email ☐ Phone ☐

Birth Date (optional): Month: _____ Day: _____

Background information

How did you learn about the Oceana County Council on Aging?

___ Friend/Family Member

___ Advertisement in: _____

___ OCCOA website

___ Social Media

___ OCCOA Volunteer _____

___ Other: _____

Name

Please specify.

Availability

How often are you available to volunteer?					
__ One time only	__ Weekly	__ Bi-monthly	__ Monthly	__ As needed for projects	
What days are you available to volunteer					
Monday __ AM __ PM	Tuesday __ AM __ PM	Wednesday __ AM __ PM	Thursday __ AM __ PM	Friday __ AM __ PM	Saturday __ AM __ PM

Areas of Interest

__ Homebound Picnic Volunteer (provide friendship by visiting a homebound senior and enjoying a meal with them).

__ Experience Volunteer (assist with parties, trips & special programs).

__ Volunteer Servers (serve meals and help in the dining room).

__ Special Chore Service (assist seniors as needed with shopping, small home tasks, etc).

__ Tax Preparation (assist seniors with tax credit preparation).

__ "Our Friends House" (assist w/ meal prep and serving and visiting with "friends" or assisting w/programs at OCCOA's Adult Day Program).

__ Volunteer Driving (transport seniors, 60+ to medical appointments outside of Oceana County).

Experience and References

List current and past volunteer experience and/or relevant skills to the position you're interested in:

Why are you interested in volunteering with OCCOA?

Please list two references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Criminal Record*

Have you ever used another name? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Charge:

Please

Explain: _____

**Note, all applicants are subject to a thorough background check whether the applicant has a criminal record or not. The criminal background check form will be completed at the time of your interview.*

Thank you for your application!

Please submit your finished application via email at adams@oceanacoa.com or by mailing to:

Oceana County Council on Aging
Attn: Volunteer Coordinator
4250 W. Tyler Rd.
Hart, MI
49420