

**Wood County Committee on Aging  
Volunteer Profile  
305 North Main Street, Bowling Green, Ohio 43402  
419-353-5661**

**SECTION A – PERSONAL INFORMATION**

Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_ **Date:** \_\_\_\_\_  
First Name M.I. Last Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contact: Please indicate your preferred method(s) of contact (number in order of preference):**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact, Name & Phone: \_\_\_\_\_

Birthday (MM/DD): \_\_\_\_\_

Days Available:  Monday  Tuesday  Wednesday  Thursday  Friday

Time Available: \_\_\_\_\_ A. M. \_\_\_\_\_ P.M.

Transportation:  Yes  No

Please provide two (2) (1) \_\_\_\_\_ (2) \_\_\_\_\_

references with phone numbers: Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you be willing to:  
Be fingerprinted  Yes  No  
Have a background check  Yes  No

Have you ever been convicted of a felony?  YES  NO  
Have you ever been convicted of a misdemeanor?  YES  NO  
Have you been convicted of a DUI/ license suspension during the past five (5) years?  YES  NO

**SECTION B – EDUCATION AND EXPERIENCE**

Please provide any education and work/volunteer experience that you feel may be relevant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any skills and interests that you would like to incorporate into your volunteer duties (see attached/enclosed list of current openings for reference):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are any positions that particularly interest you, please list them here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I would like to teach or assist with the following class(es):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Watercolor                 | <input type="checkbox"/> Spanish/French            | <input type="checkbox"/> Ballroom Dancing |
| <input type="checkbox"/> Oils                       | <input type="checkbox"/> Aerobics                  | <input type="checkbox"/> Piano            |
| <input type="checkbox"/> Drawing                    | <input type="checkbox"/> Photography               | <input type="checkbox"/> Chair Caning     |
| <input type="checkbox"/> Another Type of Art: _____ | <input type="checkbox"/> Crafts (What Kind?) _____ | <input type="checkbox"/> Puppet Show      |
| <input type="checkbox"/> Creative Writing           | <input type="checkbox"/> Calligraphy               | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Sign Language              | <input type="checkbox"/> Lead a Discussion Group   | _____                                     |

**Home Delivered Meals:**

- I'm available to deliver meals
- Day of the week (Mark all that apply):  Monday  Tuesday  Wednesday  Thursday  Friday
- Yes ... I have a car, insurance, and can drive.
- No ... I don't have a car, but would like to ride along with someone.
- I would like to be a substitute

**I am able to do the following:**

- Play a musical instrument: \_\_\_\_\_
- Sing
- Play Cards
- Share my Hobby (Show & Tell)      **Topic:** \_\_\_\_\_
- Speak on the following topic: \_\_\_\_\_
- Do a slide presentation on: \_\_\_\_\_

**I am able to help with the following project(s):**

- Receptionist
- Collate monthly newsletter
- Decorate for special parties
- Assist with special parties or events
- Set up for Rummage Sale
- Assist with evening meals: (Mark all that apply)       Tuesday  Wednesday  Thursday
- Gift Shop – Volunteer
- Host/Hostess, Special Events:  Lunch     Dinner

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<b>Checklist:</b>	<b>Date Received</b>	<b>Training</b>
<input type="checkbox"/> Orientation	_____	_____
<input type="checkbox"/> Confidentiality Statement	_____	_____
<input type="checkbox"/> Driver's License/Insurance	_____	_____
<input type="checkbox"/> Handwashing	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____