



MJRSC—THE CARE NETWORK

Regional Services
Area Agency on Aging
Call a Ride Services

For agency use:

Start Date: _____ Volunteer Role: _____

VOLUNTEER ENROLLMENT FORM

Please print and complete all sections. Forms with original signatures are required for enrollment.

Last Name: _____ First Name: _____ Middle Initial: _____

Gender: ___ Female ___ Male

Social Security Number: _____ - _____ - _____ Birth Date: _____

Mailing Address: _____ City: _____ Zip: _____

Residential County: Mifflin Juniata Other _____ Municipality: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Best method and time to reach you: _____

Are you a Veteran? ___ Yes ___ No

Have you ever been convicted of a criminal offence or misdemeanor? Yes ___ No ___

If Yes, please attach an explanation of charges, dates of offense, and status of the charges on a separate sheet to be included with this application.

Some volunteer roles involve driving. Would you be willing to drive? Yes ___ No ___

If you will be driving for your volunteer role, you will need to provide a copy of your driver's license and proof of insurance. Your insurance (not the organization's) will cover you in the event of an accident. You are to notify the organization of any interruption in your automobile insurance coverage or any significant change in your driving safety record.

Driver's License # _____ State _____ Expiration Date _____

Mifflin-Juniata Regional Services and Afflitates provides mileage reimbursement for travel between home and volunteer sites. Will you be claiming a mileage reimbursement for travel to and from your volunteer location? YES ___ NO ___

Do you require any special accommodations that the Volunteer Coordinator should be aware of?

Yes ___ No ___

If Yes, please describe:

Do you or a relative participate in any of the following programs? Yes _____ No _____

- Home Delivered Meals
- Call-A-Ride Service

If yes, please provide their name and relationship to you and the program they participate in:

Do you or a relative reside, work for, or volunteer at a long-term care facility? Yes _____ No _____

If yes, please provide their name and relationship to you and the facility:

Primary Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Secondary Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Employment Experience: _____

Special Skills/Interests/Languages: _____

Volunteer Experience: (Current, Past, Preferred) _____

Please indicate the days and times that you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References (please provide two references who are not family members)

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Please indicate if Mifflin-Juniata Regional Services and Affiliates may have permission to use your likeness?

I hereby grant Mifflin-Juniata Regional Services and Affiliates (MJRSC) permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by MJRSC in perpetuity. I will make no monetary or other claim against MJRSC for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photographs(s)/video(s) to Mifflin-Juniata Regional Services and Affiliates.

Certifications

By signing below, I acknowledge that I have read and understand the following statements:

- I understand that I am not an employee of Mifflin-Juniata Regional Services and Affiliates and agree to serve without compensation.
- I understand that in my capacity as an MJRSC volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Pennsylvania. I will also keep in effect a valid Pennsylvania Driver's license.

Volunteer Signature

Date

Volunteer Coordinator Signature

Date

Equal Employment Agency - Mifflin-Juniata Regional Services and Affiliates is an equal opportunity Agency (MJRSC). Enrollment is done without regard to race, color, religion, national origin, sex, age, or disability. MJRSC provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact the agency Volunteer Coordinator at (717) 320-8379.

Return completed enrollment to: (Original Signatures Required)

Volunteer Coordinator
Mifflin-Juniata Regional Services
249 W 3rd Street
Lewistown, PA 17044

For questions contact:

Amanda Craig
(717) 320-8379
acraig@mymjrsc.com

We appreciate your willingness to volunteer and someone will be in touch with you soon to discuss our opportunities. We look forward to you joining us!