



**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:

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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.

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**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.

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**Volunteer Signature**

**Date**

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**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.

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**Return completed enrollment to: (Original Signatures Required)**

Volunteer Coordinator  
Mifflin-Juniata Regional Services  
25 Rothermel Drive  
Yeagertown, PA 17099

**For questions contact:**

Emilie Clemens  
(717) 320-8379  
eclemens@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!**