



# Volunteer Application



For Office Use Only:	
Recruiter:	
Date Rec'd:	
Coordinator:	
NVP DB:	Date:
VSys DB:	Date:

Name: \_\_\_\_\_  
 Title                      First                      Middle Initial                      Last

Address: \_\_\_\_\_  
 Street Address                      City                      State                      Zip

Primary phone number to contact you: \_\_\_\_\_ Other: \_\_\_\_\_

Greater Cleveland Volunteers may text me at \_\_\_\_\_ with volunteer opportunities, event reminders and other announcements:  Yes  No

Email Address: \_\_\_\_\_ Are you a US Veteran:  Yes  No

Date of Birth (MM/DD/YY): \_\_\_\_\_ Gender:  Man  Woman  Transgender Man  
 Transgender Woman  Gender Fluid  Gender Queer  Non-Binary  Other: \_\_\_\_\_

How did you hear about Greater Cleveland Volunteers? \_\_\_\_\_

If you are currently volunteering, please list the name of the agency and volunteer job title.  
 \_\_\_\_\_

Are you interested in:  Steady volunteer assignments  One-time events or  Both  
 I am available to volunteer:  Weekdays(daytime)  Weeknights(after 5)  Weekends

I grant Greater Cleveland Volunteers permission to publish any pictures that may be taken of me:  Yes  No

### HEALTH

Do you have any health or physical limitations which prevent you from certain volunteer activities?

Yes  No If so, what are those limitations? \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**INSURANCE (FOR RSVP VOLUNTEERS ONLY):** Volunteers aged 55+ serving in opportunities meeting a community need (contact staff for more information). Volunteers are covered by free excess accident insurance while traveling to and from their volunteer activities and excess accident and liability insurance while volunteering.

Name of Beneficiary: \_\_\_\_\_ Phone # \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_  
 Street Address                      City                      State                      Zip Code

Will you drive to and from your volunteer assignments?  Yes  No

Driver's License Number (begins with 2 letters): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I agree to volunteer my services through Greater Cleveland Volunteers and understand that I am not an employee of Greater Cleveland Volunteers. Please sign this form and return it by mail or fax.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# Supplemental Volunteer Information Form

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The following information is required by our funding sources. The information is reported in total, not by individual, and kept confidential. We ask your cooperation in answering the following questions.**

**How would you describe yourself?**    African American    American Indian or Alaskan Native

Asian    Caucasian    Native Hawaiian or Pacific Islander

**Are you:**    Hispanic or Latino    Not Hispanic or Latino

**Please indicate your annual income level:**    Below \$11,880    Above \$11,880

**Please check off any areas in which you possess skills or talent which you are willing to share as a volunteer.**

ARTS & CRAFTS	CLERICAL/BUSINESS	EDUCATION/YOUTH	COMPUTERS & TECHNOLOGY
<input type="checkbox"/> crafts	<input type="checkbox"/> accounting/bookkeeping	<input type="checkbox"/> art teacher	<input type="checkbox"/> internet
<input type="checkbox"/> crochet/knitting	<input type="checkbox"/> clerical work	<input type="checkbox"/> child care	<input type="checkbox"/> teaching
<input type="checkbox"/> flower arranging	<input type="checkbox"/> data entry	<input type="checkbox"/> creative writing	<input type="checkbox"/> website design/maintenance
<input type="checkbox"/> painting	<input type="checkbox"/> mailings	<input type="checkbox"/> ESL instruction	<b>ENVIRONMENT/NATURE</b>
<input type="checkbox"/> photography	<input type="checkbox"/> receptionist	<input type="checkbox"/> GED instruction	<input type="checkbox"/> environmental advocacy
<input type="checkbox"/> sewing/quilting	<b>TRADES</b>	<input type="checkbox"/> librarian/library aide	<input type="checkbox"/> gardening/landscaping
<b>HEALTH</b>	<input type="checkbox"/> carpentry	<input type="checkbox"/> mentor	<input type="checkbox"/> naturalist/assistant
<input type="checkbox"/> blood mobile worker	<input type="checkbox"/> construction	<input type="checkbox"/> music teacher	<b>SPECIALIZED FIELDS</b>
<input type="checkbox"/> health aide/nurse	<input type="checkbox"/> electrical	<input type="checkbox"/> storytelling	<input type="checkbox"/> attorney
<input type="checkbox"/> health educator/outreach	<input type="checkbox"/> painting	<input type="checkbox"/> teach/tutor adults	<input type="checkbox"/> bartender
<input type="checkbox"/> hospice care	<input type="checkbox"/> plumbing	<input type="checkbox"/> teach/tutor children	<input type="checkbox"/> cooking/chef/catering
<input type="checkbox"/> medical records	<input type="checkbox"/> repair	<input type="checkbox"/> teacher's aide	<input type="checkbox"/> creative writing
<input type="checkbox"/> yoga/exercise instruction	<b>SOCIAL SERVICE</b>	<b>RETAIL/SALES</b>	<input type="checkbox"/> disaster preparedness/relief
<b>SPORTS/LEISURE</b>	<input type="checkbox"/> assisting older adults	<input type="checkbox"/> cashier/sales clerk	<input type="checkbox"/> entrepreneur
<input type="checkbox"/> baseball	<input type="checkbox"/> crisis support	<input type="checkbox"/> donation sorter	<input type="checkbox"/> fundraising/special events planning
<input type="checkbox"/> basketball	<input type="checkbox"/> driver/escort	<input type="checkbox"/> inventory	<input type="checkbox"/> grant writing
<input type="checkbox"/> board games	<input type="checkbox"/> friendly visitor	<input type="checkbox"/> management	<input type="checkbox"/> marketing
<input type="checkbox"/> bowling	<input type="checkbox"/> guardian	<b>ENTERTAINMENT</b>	<input type="checkbox"/> military/working with veterans
<input type="checkbox"/> card games	<input type="checkbox"/> hunger relief- food pantry	<input type="checkbox"/> acting	<b>LANGUAGES</b>
<input type="checkbox"/> coaching	<input type="checkbox"/> hunger relief- home delivered meals	<input type="checkbox"/> clown	<input type="checkbox"/> Arabic
<input type="checkbox"/> football	<input type="checkbox"/> job coach/mock interviewer	<input type="checkbox"/> dancing	<input type="checkbox"/> Braille
<b>CULTURAL/COMMUNITY</b>	<input type="checkbox"/> social work	<input type="checkbox"/> face painting	<input type="checkbox"/> German
<input type="checkbox"/> information desk/outreach	<input type="checkbox"/> working with disabled	<input type="checkbox"/> magician	<input type="checkbox"/> Russian
<input type="checkbox"/> registration table	<input type="checkbox"/> working with ex-offenders/prisoners	<input type="checkbox"/> play an instrument	<input type="checkbox"/> Sign
<input type="checkbox"/> tour guide/docent	<input type="checkbox"/> working with homeless	<input type="checkbox"/> singing	<input type="checkbox"/> Spanish
<input type="checkbox"/> usher	<input type="checkbox"/> working with refugees	<input type="checkbox"/> teach an instrument	<input type="checkbox"/> Additional Languages spoken: _____
Other skills not listed:			

Place an X in front of the statements that are true for you. They will help us find a volunteer placement for you:

- \_\_\_ A. I am a doer, not a talker                      \_\_\_ H. I am meticulous and get frustrated when actions aren't done properly
- \_\_\_ B. I want to get out and make changes        \_\_\_ I. I like social/group activities best—doing things with a crowd
- \_\_\_ C. I like making and fixing things            \_\_\_ J. I like being outdoors
- \_\_\_ D. When I see people needing food, I want to make a difference
- \_\_\_ E. I enjoy helping people learn new things or identify solutions
- \_\_\_ F. I like listening to people (in person or on the phone), and helping them feel less lonely.
- \_\_\_ G. I am persuasive and good at getting people to support goals

Do you have a High School Diploma or GED?  Yes  No

**BACKGROUND CHECKS:** (All AARP Experience Corps volunteers are required to undergo a background check). Refusing to do so will exclude you from serving in the AARP Experience Corps program. Not all convictions will prevent your service. However, failure to report convictions prior to the background check will prevent you from serving in the program.

Have you ever been convicted of a crime?  Yes  No

AARP Experience Corps tutors work with students, one-on-one, in grades K-3, on basic literacy skills. Tutors serve at least 4 hours per week (2-3 days per week). Please check the type of service you are interested in:

- 4 hours per week, 2 days per week
- More than 4 hours per week, 2-3 days per week (possible stipends available)

Which days do you prefer to volunteer? (The days you choose are not your permanent assignment)

\_\_\_\_\_ M          \_\_\_\_\_ T          \_\_\_\_\_ W          \_\_\_\_\_ TH

Hours of availability: \_\_\_\_\_ M          \_\_\_\_\_ T          \_\_\_\_\_ W          \_\_\_\_\_ TH

Are you able to volunteer for an entire 9-month period? (September – May) \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that attending monthly trainings and team meetings is a requirement of the program. (\_\_\_\_\_)  
initial

Briefly describe any experience you have had working with children or working in a school setting:

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What qualities do you have that will make you an effective volunteer tutor?

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What are some of the reasons you are interested in becoming an AARP Experience Corps member?

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What types of things would you like to learn as a volunteer?

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Please list any questions you have:

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**Experience:** Please list your most recent volunteer or employment experience.

1. Name of Organization/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Length of time with organization: From \_\_\_\_\_ To \_\_\_\_\_

Please use the above person as a reference.

2. Name of Organization/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Length of time with organization: From \_\_\_\_\_ To \_\_\_\_\_

Please use the above person as a reference.

**References:** If not already listed above, please list 3 references, **NOT a relative**. Please list phone numbers where they can be easily reached, preferably during daytime hours.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

I have read and understand the application and have completed it with accurate information. I understand that acceptance into the program is at the sole discretion of Greater Cleveland Volunteers and the AARP Foundation Experience Corps program.

Please return the application to the **Greater Cleveland Volunteers** office. An AARP Foundation Experience Corps coordinator will contact you to complete the application process and set up an interview. Applications submitted without signatures will not be processed.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date



Your application is complete.

**Thank you for applying to AARP Foundation Experience Corps!**

**Return signed application to:  
Greater Cleveland Volunteers  
AARP Foundation Experience Corps  
4415 Euclid Avenue, Suite #200  
Cleveland, OH 44103-3758**