



Volunteer Information Form

Applicant

Name: _____
(Last) (First) (Mr/Mrs/Ms/Dr)

Address: _____
(Street) (City) (Zip Code)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____ Date of Birth: _____

Preferred method of contact:

Email Mail Phone

Are you an insured motorist in the State of Nebraska?

Yes No

How did you learn about VAS? _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Address: _____

Physician name: _____ Phone: _____

Education

Highest level attained: _____ Area(s) of specialization: _____

Volunteer Experience

Organization: _____ Dates: _____

Volunteer duties: _____

Skills used: _____

Organization: _____ Dates: _____

Volunteer duties: _____

Skills used: _____

Work Experience

Employer: _____ Dates: _____

Position held: _____

Special skills (accounting, customer service, presenting, writing, etc.) _____

Employer: _____ Dates: _____

Position held: _____

Special skills (accounting, customer service, presenting, writing, etc.) _____

VAS Volunteer Commitment

How many hours can you volunteer at VAS? _____ hours per week per month

How long can you volunteer? 6 months 12 months longer than 12 months

I, _____, agree to fulfill the obligations of a VAS volunteer (attending scheduled meetings, scheduled training sessions and training updates, and some events). I understand that I am responsible for my own transportation. I understand that, based on the completion of this volunteer disclaimer form, the screening process, and volunteer training and orientation, the Program Coordinator reserves the right to determine who will be approved as a volunteer. I agree that everything I stated on this form is true.

VAS Applicant Date _____

Executive Director/Program Coordinator Date _____

For VAS Office Use

Volunteer Role(s):

Medicare Presentations Office Support Homestead Exemption

Open Enrollment Fraud

Volunteer training dates: _____

References:

For non-Medicare/SHIP volunteers: Please provide three personal references, no more than one co-worker and no close relatives. Please advise the individuals lists that they will be contacted by Volunteers Assisting Seniors.

Reference 1

Name: _____ Relationship: _____

Phone: _____ Preferred method of contact: Phone Email

Email: _____

Reference 2

Name: _____ Relationship: _____

Phone: _____ Preferred method of contact: Phone Email

Email: _____

Reference 3

Name: _____ Relationship: _____

Phone: _____ Preferred method of contact: Phone Email

Email: _____