



GENERAL VOLUNTEER RE-REGISTRATION

Please fill out this form in its entirety. Clear and accurate completion of this sheet will help in the continued success of our programs. All volunteers are subject to a background check prior to volunteering with the Geauga County Department on Aging. Volunteers may be dismissed from duties at any time. By signing, I agree to conform to the rules and regulations set forth by the Geauga County Department on Aging to the best of my ability.

I agree to respect the confidential nature of my personal contacts with clients.

For questions or comments concerning volunteer opportunities, call:

(440) 279-2138 or (440) 279-2130

Last Name: _____ **First Name:** _____
(As Appears on Driver's License)

Any changes in contact information?

NO (if NO, please sign and return) **YES** (if YES, sign and please update below)

Signature: _____ **Date:** _____

PLEASE FILL OUT WITH ANY UPDATED INFORMATION

Home Address: _____ **City/State:** _____ **Zip:** _____

Mailing Address: _____ **City/State:** _____ **Zip:** _____
(If Different From Above)

Day/Work Phone: _____ **Cell Phone:** _____

E- mail: _____

Preferred Method of Contact: Cell Phone Day/Work Phone Email

Emergency Phone Contact:

Name: _____ **Relationship:** _____

Home Phone: _____ **Mobile Phone:** _____

Days Available: Monday Tuesday Wednesday Thursday Friday

Area of Interest: Office Kitchen Senior Center Spring/Fall CleanUp
 Other: _____

Location: Chagrin Falls Chardon Middlefield West Geauga
 Other: _____