Volunteer Application 2026

*PLEASE NOTE: All sections marked with * are required; you may mark sections not applicable to you with N/A.*

VOLUNTEER INFORMATION **Today's Date:**____/____/____

First Name:* _____ **Last Name:*** _____

Phone:* (_____) _____ **Email:*** _____

Home Address:* _____

City:* _____ **State:*** _____ **Zip:*** _____

Employer: _____

My employer matches volunteer hours ☒ **Yes** ☐ **No** **I'd like to volunteer for school credit** ◯ **Yes** ◯ **No**

Birthdate:* ____/____/____

VOLUNTEER POSITION INTEREST

What kind of volunteer activities are you interested in? Please check all that apply.

☐ Matter of Balance Coach
☐ Bingocize Facilitator
☐ Administrative Volunteer
☐ SHIIP, Senior Health Insurance Information
☐ Meal Delivery
☐ OATS-Older Adult Technology Services Coach
☐ Special events
☐ Community Outreach
☐ Connections AAA Advisory Council
☐ Translation ☐ Interpretation ***List language(s):*** _____
☐ Other: _____

Have you volunteered at Connections AAA before? If yes, please list your volunteer role(s): _____

_____

Do you have relative(s) and or friend(s) employed by Connections AAA? If yes, please specify:

Name: _____ **Job Title:** _____ **Relationship:** _____

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Why would you like to volunteer with Connections AAA? What are some skills or experience that you would like to contribute and/or gain?

How did you learn about volunteering at Connections AAA?

☐ Friend/relative ☐ Facebook or Instagram Connections AAA website

☐ Other: (please specify): _____

EMERGENCY CONTACT

First Name:* _____ **Last Name:*** _____

Phone:* (____) _____ **Email:*** _____ **Relationship:*** _____

REFERENCES

We contact references for all volunteer positions that work with vulnerable adults. Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable. We contact references after an initial meeting. Two references are required.

First Name:* _____ **Last Name:*** _____

Phone:* (____) _____ **Email:*** _____ **Relationship:*** _____

First Name:* _____ **Last Name:*** _____

Phone:* (____) _____ **Email:*** _____ **Relationship:*** _____

First Name: _____ **Last Name:** _____

Phone: (____) _____ **Email:** _____ **Relationship:** _____

AUTHORIZATION*

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Connections Area Agency on Aging.

_____(Initial) **Authorization***

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MEDIA RELEASE *(optional)*

In initialing and signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with Connections Area Agency on Aging. I understand that Connections will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Connections materials such as printed publications, Connections website (**www.connectionsaaa.org**), videos, social media, grant proposals, and promotional materials to support Connections and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact Connections at **info@connectionsaaa.org** or **800-432-9209**. Once requested, Connections will not create new materials using participants' media – but we may continue to use already printed materials until we can make replacements.

_____(Initial) **Media Release**

Volunteer Signature:* _____ **Date:**____/____/____

Please note: *If you are under 18, your parent or guardian may also need to sign an Underage Volunteer Waiver.*

OPTIONAL: Supplemental Data Questions

The following questions help Connections AAA/ track various demographic data; this information will not be used for screening and placement.

Are you a veteran? ☐ Yes ☐ No **Are you living with a disability?** ☐ Yes ☐ No

Ethnic/Racial Background

If you are a person with a multi-racial or multi-cultural background, please check all appropriate boxes.

☐ African

☐ African American or Black

☐ American Indian or Alaska Native

☐ Asian

☐ Caucasian

☐ Hispanic or Latino

☐ Native Hawaiian or Pacific Islander

☐ Two or More Races

☐ Other/please specify_____

Please submit your completed application to Connections Area Agency on Aging Director of Community Engagement by email, or mail:

info@connectionsaaa.org | **PH:** 800-432-9209 | Business Office 231 S Main St, Council Bluffs IA 51503