



# Volunteer Application

**Note: For volunteers and program's safety you will be asked to consent to a background check at another time in the process.**

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Other phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

1. Please tell us about your work experience, including paid and volunteer positions.

*Please list your most recent job first. Use the remaining spaces to describe other work experiences (paid or volunteer).*

A. Organization: \_\_\_\_\_

City/State: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Type of work: \_\_\_\_\_

Years: \_\_\_\_\_ to \_\_\_\_\_

Role: \_\_\_\_\_ Paid employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Other

B. Organization: \_\_\_\_\_

City/State: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Type of work: \_\_\_\_\_

Years: \_\_\_\_\_ to \_\_\_\_\_

Role:  Paid employee  Volunteer  Other

C. Organization: \_\_\_\_\_

City/State: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Type of work: \_\_\_\_\_

Years: \_\_\_\_\_ to \_\_\_\_\_

Role:  Paid employee  Volunteer  Other

2. Please describe any skills or experience that would enable you to perform the duties of an SMP volunteer.

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3. Do you have any medical conditions that may affect your ability to function as an SMP volunteer, or do you require any special accommodations that the SMP Volunteer Coordinator should be aware of?  Yes  No

If yes, please describe:

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Are you licensed and able to drive an automobile?  Yes  No

*If you will be driving to and from SMP events or to conduct SMP outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.*

4. Certain conflicts between personal interests and the interests of the SMP program may exist, and could prevent a person from serving as an SMP volunteer. One example is that of a licensed health insurance agent. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with the SMP program. If you have a business or other personal interest that may create a conflict, please describe it here so we can discuss it fully during your interview.

Description: \_\_\_\_\_

## Interest in the SMP Program

1. How did you learn about the SMP program?

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2. Please tell us why you would like to become an SMP volunteer.

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**Authorization and Certification** I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the Ohio SMP to contact the references named below with regard to my application to become an SMP volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## References

Please provide three references, including at least one professional or work reference, who are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

A. Name (first, last): \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ How long known? \_\_\_\_\_

Relationship: \_\_\_\_\_

B. Name (first, last): \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ How long known? \_\_\_\_\_

Relationship: \_\_\_\_\_

C. Name (first, last): \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ How long known? \_\_\_\_\_

Relationship: \_\_\_\_\_

Please return to Jane Winkler, Pro Seniors, 7162 Reading Rd., #1150, Cincinnati 45237,  
[jwinkler@proseniors.org](mailto:jwinkler@proseniors.org), or fax to 1-513-338-1504