



Area Agency on Aging
of Broward County

Volunteer Application

Thank you for your interest in volunteering with the Area Agency on Aging of Broward County! We greatly appreciate your support. We are required to run a background check, and will use the information you provide below to do so.

Contact Information:

Print Name (First and Last)

Address

City

State

Zip

Home Phone Number

Cell Phone Number

Email Address

How did you hear about the Area Agency on Aging of Broward County?

- Program Provider Referral from Friend / Family
- Client / Have Received Services or Information Social Media / Online
- Other _____



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Interests:

I am interested in helping with administrative work in the office.

Yes No

I am interested in helping make phone calls.

Yes No

I am interested in helping with the ConnectingWithU Telephone Reassurance Program.

Yes No

I am interested in helping with special events.

Yes No

Availability:

<u>Day</u>	<u>Time</u>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

All of the information you may have access to is considered confidential and should be treated as such. You will be asked to sign a separate confidentiality agreement.

Please complete this form in its entirety, and return to:

Area Agency on Aging of Broward County

Attn: Volunteer Coordinator

5300 Hiatus Road • Sunrise, FL • 33351

volunteers@adrcbroward.org