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Serving Seniors Since 1974

## Volunteer Application

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Name	Home Phone		
Address	Work Phone		
City	State	Zip	Date of Birth

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### Services you would be interested in providing:

- Home Delivered Meals Driver<sup>1</sup>:** Deliver meals to homebound, frail older adults on an established route.
- Medicare Counselor:** Assist seniors with Medicare/Medicaid issues, including prescription assistance.
- Class Instructor:**  Fitness  Crafts  Education  Other: \_\_\_\_\_
- Recycled Greeting Card Crafter:** Recycle used greeting cards into new cards for sale.
- Kitchen/Party Help:** Includes a variety of duties: cooking, serving, washing dishes, etc.
- Party Set-Up/Break Down:** Includes setting up (and taking down) tables and chairs, place settings, table decorations, etc.
- Office/Clerical Help:** Help with light duties such as mailings, organizing, answering phones, etc.
- Gardening:** Help maintain the building gardens by weeding, trimming, transplanting, watering, etc.
- Other:** \_\_\_\_\_

<sup>1</sup>Requires valid driver's license and proof of insurance

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### Communities in which you are willing to volunteer (check all that apply):

- |  |                                     |                                      |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hastings      | <input type="checkbox"/> Delton     | <input type="checkbox"/> Freeport    |
| <input type="checkbox"/> Gun Lake Area | <input type="checkbox"/> Lacey Area | <input type="checkbox"/> Lake Odessa |
| <input type="checkbox"/> Middleville   | <input type="checkbox"/> Nashville  | <input type="checkbox"/> Woodland    |
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Please note any of your special skills, education or training which might benefit the elderly:

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# Volunteer Application

(continued)

Please use the chart below to indicate the days/times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

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## Volunteer Time Commitment

Short Term       Long Term       Occasionally/As Needed

Please explain: \_\_\_\_\_

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## References

May be current or past employers, people/agencies you have volunteered for in the past, teachers, ministers, etc. Please include the name, address and phone number of each:

\_\_\_\_\_  
Name Home Phone

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Name Home Phone

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Name Home Phone

\_\_\_\_\_  
Address City State Zip

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To become an active volunteer with the Barry County Commission on Aging, it is necessary to complete this application and agree to an interview with our Volunteer Coordinator. References will be contacted and a background check will be completed through the Michigan State Police. We appreciate your interest in volunteering for our program and look forward to meeting you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date