



Central Oregon Council on Aging
1135 SW Highland Avenue * Redmond, Oregon 97756
Tel. 541-548-8817 Fax 541-548-2893
admin@councilonaging.org

Serving Seniors in Crook, Deschutes and Jefferson Counties

VOLUNTEER ENROLLMENT FORM

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____

Emergency Contact _____

E-mail Address _____

Do you have your own transportation? Yes ___ No ___.

Please tell us why you want to volunteer at COCOA:

At which COCOA location?

What type of work would you like to do?

- Meals on Wheels Driver Home Repair Yard Work
Clerical Office Friendly Visiting Telephoning
Escort (Shopping Etc.) Senior Center Kitchen Other

Please check the days and times you can volunteer:

Table with 3 columns: Day, 9 am - noon, 1 pm - 5 pm. Rows for Monday through Sunday.

Can you commit to this schedule for three weeks at a time?

Yes ___ No ___.

What other schedule would you consider?

For office use only
Passed Criminal Check
Date
Start Date

Central Oregon Council on Aging

Your Name _____.

Phone Number _____.

(NOTE: The information on this page, along with the information on your Criminal History Request Form, will be stored securely and confidentially at COCOA's Central Office. If you have concerns, please call the Office at 548-8817.)

Do you have medical insurance coverage? Yes ___ No ___.

If yes, name of Insurance Company _____.

Group Number _____.

If you use your personal car in volunteer service, auto insurance must be kept in effect as required by law.

Driver's License Number _____.

Auto Insurance Company _____.

Agent's Name & Phone Number _____.