



**Arrowhead Area Agency on Aging**

*A Division of ARDC*

**Arrowhead Area Agency on Aging  
221 West First Street  
Duluth, MN 55802  
1-800-333-2433  
FAX: 218-529-7545**

**Volunteer Application**

_____ (Name)		_____ (D.O.B.)	
_____ (Address)		_____ (City)	_____ (State)
_____ (Home #)		_____ (Cell#)	_____ (Work #)
_____ (E-mail Address)		_____ (Gender Optional)	

List any work or volunteer positions you have held working with older adults

Agency: \_\_\_\_\_

Agency: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Hours/Wk: \_\_\_\_\_

Hours/Wk: \_\_\_\_\_

Length: \_\_\_\_\_

Length: \_\_\_\_\_

List any skills/experience/educational background you feel may be applicable for this volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:

Please list three personal or professional references that are not related to you who have known you for at least one year.

By initialing box below you are giving permission to the Senior LinkAge Line® to contact your references listed below. \_\_\_\_\_

*Name: _____	Phone: _____
Address: _____	
City/State: _____	Zip: _____
Length of time known: _____	
*Name: _____	Phone: _____
Address: _____	
City/State: _____	Zip: _____
Length of time known: _____	
*Name: _____	Phone: _____
Address: _____	
City/State: _____	Zip: _____
Length of time known: _____	

I authorize the Arrowhead Regional Development Commission to use my photo for developing general outreach materials, marketing materials and educational materials. (Optional)

\_\_\_\_\_  
(Name) (Date)

If all above information is correct to the best of your knowledge please complete the application by signing below.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>For office Use Only</u></b>	
Date Reviewed: _____	Reviewed By: _____
CBK Date: _____	
Background Check: _____	Ref. Check: _____
Conf/non-Conflict: _____	Auto Verif: _____