



## BALTIMORE COUNTY DEPARTMENT OF AGING HOME TEAM VOLUNTEER REGISTRATION



VOLUNTEER INFORMATION			
LAST NAME:	FIRST NAME:		MIDDLE INITIAL:
ADDRESS: (No P.O. Box address)		CITY:	ZIP CODE:
PRIMARY PHONE:	EMAIL:		
BIRTH DATE:	GENDER: M F	GENDER FLUID PR	EFER NOT TO ANSWER
RACE: BLACK NATIVE AMERICAN/ALASKAN WHITE ASIAN HAWAIIAN/PACIFIC ISLANDER MULTIRACIAL			
ETHNICITY: HISPANIC/ LATINO Y	ES NO A	ARE YOU A VETERAN?	YES NO
ARE YOU BILINGUAL? YES N	O IF YES, WHICH I	LANGUAGES:	
POSITION INTERESTED IN			
FRIENDLY VISITOR FOOD AGEN	NT TELEPHONE R	EASSURANCE S	ENIOR RIDE/ESCORT
AVAILABILITY			
MONDAY TUESDAY WEDNE	SSDAY THURSDAY	FRIDAY SATU	RDAY SUNDAY
Specify times available: TRANSPORTATION			
How far are you willing to travel to you	ır assignment? 5 MI	ILES 10 MILES	10+ MILES
EMERGENCY CONTACT			
NAME:			
PHONE:	RELATIONSHIP:		
CRIMINAL BACKGROUND CHECK AUTHORIZATION			
I hereby authorize the Baltimore County Deparecords check, references, and may include chepositions of trust."  YES		-	
DESIGNATION OF INSURANCE BE you would like to receive any legal compe write "Do not wish to give this information	ensation, should it apply. If on" followed by your initia	<sup>f</sup> you do not wish to provid ls.	
NAME:	RELATIO	NSHIP:	
ADDRESS:	ZIP:	PHONE:	
AUTHORIZATION			
By signing below, I certify that all informa information confidential. I understand that Volunteer Program (RSVP). RSVP will proRSVP will conduct both Maryland Judician been convicted of a felony or who are on the	volunteers age 55 and over ovide a copy of the volunte ry Case Search and a Natio	r will be registered with the eer handbook which will so onal Sex Offenders Search	he Retired and Senior serve as the orientation. n. Volunteers who have either
VOLUNTEER SIGNATURE:		DAT	ГЕ: