

How did you hear of this program? _____

What interests you about being a money management volunteer? _____

EDUCATION/INTERESTS

Highest level of education attained: High School College/Post H.S. Degree Advanced Degree

What educational or life experiences do you have that would be helpful for this position?

What are your interests, hobbies, activities, etc.?

What kind of client are you interested in working with? (Check all that apply)

Male Female Elder Disabled Homeless Homebound

Geographic Preference: _____

Do you speak any languages in addition to English? _____

When would you prefer to visit clients? Weekdays Weekends Evenings

What form of transportation do you usually use? Own car Rely on others Public transportation

Name of insurance carrier: _____ Policy #: _____

Have you ever been convicted of a crime or denied bond? No Yes

Are you willing to undergo a Criminal Offender Record Investigation (CORI) and a police background check?

No Yes

In addition to, or instead of becoming a representative payee or bill payer volunteer, would you be willing to provide help in one or more areas listed below? If yes, please check:

- _____ Provide temporary help to a volunteer who is on leave or vacation.
- _____ Assist with volunteer recruitment in your area.
- _____ Provide general office assistance (Office Aide position).
- _____ Monitor bill payers' work with client accounts (Monitor position).

Emergency Contact: _____

Phone: _____ Relationship _____

REFERENCES

Please list the names and addresses of three references (**not including family members**), one of which is a professional contact; for example, employer, co-worker, clergy, etc. A phone call will be made or a reference letter will be sent from this office, so full addresses are necessary.

Name: _____ Relationship: _____
Address: _____
Phone: _____ (home) _____ (office) Email: _____

Name: _____ Relationship: _____
Address: _____
Phone: _____ (home) _____ (office) Email: _____

Name: _____ Relationship: _____
Address: _____
Phone: _____ (home) _____ (office) Email: _____

Volunteers are asked to make a renewable one-year commitment to this job. Barring unexpected emergencies are you willing and able to commit to the full one-year term?

No Yes

Please use reverse side if you wish to include any additional information in this application.

I understand that the references listed above will be contacted and that the agency will do a records check on qualified applicants. I consent to the release of all relevant information concerning my ability and fitness to work as a Money Management Payer volunteer. I certify that the information given herein is accurate to the best of my knowledge. I understand that this information will be held in confidence and not released to any other person or agency.

Signature: _____ **Date:** _____