



**FRIENDLY VISITOR PROGRAM
VOLUNTEER APPLICATION**

Date: _____

Name: _____ **Phone:** _____

Address: _____

Email: _____

My past work/volunteer experience includes:

I have the following skills/interests/talents/hobbies:

Why do you want to become a Friendly Visitor?

Limitations that may be restrictive to my participation:

REFERENCES:

All Applicants must provide two references that will remain confidential:

Name: _____ **Phone:** _____

Address: _____

Years known to you: _____

Name: _____ **Phone:** _____

Address: _____

Years known to you: _____



All NOCCOA volunteers must agree to a Criminal Background Check through Michigan State Police Department and Driving Status Check through Michigan Secretary of State. The following information is needed in order to complete the requirement.

Legal Full Name (as it appears on drivers' license)

Drivers License Number _____
Date of Birth _____

I understand that by my signature on this form I am authorizing the performance of:

- 1) a criminal background check performed through the Michigan State Police**
- 2) a driving record check through the Michigan Department of Secretary of State**

At the time of orientation/training a copy of your drivers' license and proof of automobile insurance will need to be provided. These items will need to be kept on file at NOCCOA in a secured locked cabinet.

I give my permission for these background checks to be conducted by the Administrative Assistant of the North Ottawa County Council on Aging (NOCCOA). The information stated in this application is true and accurate.

Signature: _____ **Date:** _____