



**North Ottawa  
County**

***Council on Aging***

**North Ottawa County Council on Aging Volunteer Application**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL: \_\_\_\_\_

VOLUNTEER LOCATION: Grand Haven Activities Center \_\_\_\_\_

Coopersville \_\_\_\_\_

SPECIAL TRAINING OR SKILLS \_\_\_\_\_

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

INTERESTS OR  
HOBBIES \_\_\_\_\_

\_\_\_\_\_

Do you have any health limitations we should be aware of?

\_\_\_\_\_

Do you have liability insurance (auto and/or homeowners)?

\_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT NAME AND  
NUMBER \_\_\_\_\_

**ALL VOLUNTEERS ARE SUBJECT TO A BACKGROUND CHECK PRIOR TO  
THEIR COMMITMENT.**