

FRIENDLY CALLER PROGRAM – VOLUNTEER APPLICATION

Thank you for your interest in becoming a friendly caller volunteer for someone who is aging or disabled. Completing this application is one of your first steps to meeting a new friend and making an important impact in our community. If you have any questions, please reach out to Frances Krumholtz, Volunteer and Engagement Coordinator, at fkrumholtz@coaaa.org or 614-645-3646.

Basic Information

Name _____

Street Address _____

City _____ ST OH Zip _____

Phone Number _____

Email Address _____

Are you 18 years of age or older?* Yes No

*Volunteers must be at least 18 years of age

Background Information

How did you hear about the Friendly Caller Program? _____

Why are you interested in volunteering as a friendly caller? _____

Do you have previous volunteer experience? If so, please list the organization(s) and your role(s) there.

Organization	Role	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preferences

Do you have a gender preference for your calling partner? Let us know, and we will make every effort to find the right fit for both you and your visiting partner.

Gender preference: Male
 Female
 Other
 No preference

Language skills (if you speak a language other than English, please let us know which language(s) and your proficiency level): _____

Schedules

The timing of your calls will be scheduled directly between you and your calling partner. If there are broad patterns in your schedule, this may help us coordinate with the preferences and availability of those requesting a friendly caller.

Please select all that apply.

Time of day:

Morning calls

Lunchtime calls

Afternoon calls

Other comments/notes: _____

References*

Personal references must have known you for at least one year. Do not include any relatives. Please let these people know that they are being used as a reference and will be contacted by the Friendly Caller Program with COAAA (Central Ohio Area Agency on Aging).

**A minimum of two references are required, but you may list up to four if you wish.*

Name	Relationship	Phone	Email	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contact

Name	Relationship	Phone
_____	_____	_____

Background Check

The Central Ohio Area Agency on Aging will conduct a background check prior to any pairing of volunteers and their visiting partners. Are there any circumstances you'd like to discuss that may impact your selection? Yes No

Comments: _____

Demographics

The Friendly Caller Program is committed to diversity. With this goal in mind, we invite volunteers to share information about how they identify themselves. The following portion of the application is entirely optional. Your information will be kept confidential, and will only be reported on in aggregate.

Gender _____

Ethnicity: Are you of Hispanic, Latino, or of Spanish origin? Yes No

How would you describe yourself?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

Next Steps

Send completed application to fkrumholtz@coaaa.org.

Completion of this application does not confer an obligation to become a Friendly Caller volunteer. The application and interview are designed to help you make that decision. After receiving your application, the Volunteer and Engagement Coordinator will follow up to schedule an interview and/or inform you of next steps.

Name (signature)

Date