



# THE AGELESS CIRCLE

## Intergenerational Program ADULT Application Form

\*Please return completed applications to the front desk at the East Baton Rouge Council on Aging.

Applications can be submitted in a variety of ways:

- Hand deliver or mail: 3820 Gus Young Ave. Baton Rouge, LA 70802
- Fax: 225.923.8030
- Email: [agelesscircle@ebrcoa.org](mailto:agelesscircle@ebrcoa.org) Or [ebrcoa.org/ageless](http://ebrcoa.org/ageless)
- Contact Number: 225.330.4966 or 225.923.8000

Name: \_\_\_\_\_  
first initial last

Address: \_\_\_\_\_  
number street Apt No., Unit No., P.O Box

City/Town Postal Code

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_

In case of an Emergency, Contact:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Program Applying For: (Check the applicable circle)

- One time volunteer (Less than 12 hrs)
- Senior Mentor / Mentee
- LIT – Learning with Intergenerational Teaching
- ASK – Ageless Summer Camp

What days/times are you available to volunteer? (Circle all that apply)

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Mornings Afternoons Evenings

Preferred Start Date:

- ASAP
- Date: \_\_\_\_\_

Program of Interest:

- Ageless Program \*Includes YSC
- Youth Teach Technology

Why are you interested in our program?

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Do you have experience working with seniors or youth? If so, what type of experience?

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How did you hear about EBRCOA and its Intergenerational program?

List Any Previous or Current Volunteer Experience:

Organization	Position/Major Responsibility	Dates of service (yy/mm)	
		From:	To:
1 _____	_____	_____	_____
2 _____	_____	_____	_____

**Educational Background:**

Institution: \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

**Work Experience:**

1) Previous/Last employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of position: \_\_\_\_\_

2) Present/Last employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of position: \_\_\_\_\_

Please list two (2) references (not related to you):

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

How do you hope to benefit from this experience?

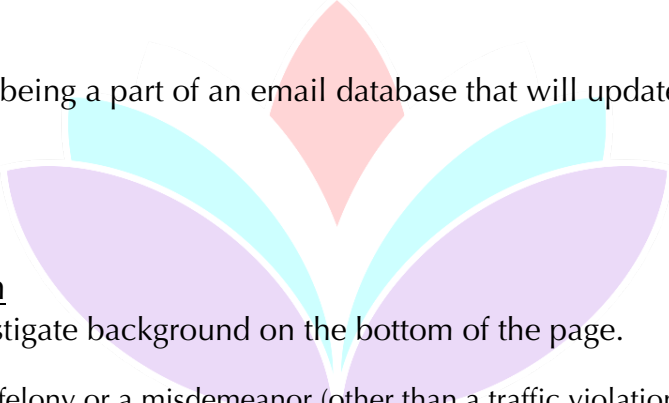
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your preferred method of contact?

- Via email
- Via phone

Would you be interested in being a part of an email database that will update you on EBRCOA and its upcoming events?

- Yes
- No



Background Information

Please note consent to investigate background on the bottom of the page. Yes No

Were you ever convicted of a felony or a misdemeanor (other than a traffic violation)?

Do you have any pending criminal charges?

Have you ever been subjected to a civil protective order for domestic violence or abuse?

Have you ever been investigated for or charged with child abuse or neglect?

Has your driver's license ever been suspended or revoked?

Other than the above, are there facts or circumstances that would call into question the supervision, guidance and care of young people / seniors?

If you answered "yes" to any question please explain. \_\_\_\_\_

\_\_\_\_\_

The information contained in this application is true and correct to the best of my knowledge. I authorize you and any interested party to verify any information I have provided in this application. I authorize the East Baton Rouge Council on Aging, its school partners, employees and agents to seek information from any relevant source including but not limited to present and former employers, educational and training institutions, social security administration, criminal courts and state and parish repositories of criminal records, department of motor vehicles or child protective services. I authorize my present employer and any previous employers, past and present fellow employees, educational and training institutions and any other persons to furnish information concerning my personal character, habits and employment records to the East Baton Rouge Council on Aging, its school partners, parishes, employees and agents. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the East Baton Rouge Council on Aging, its school partners, parishes, employees and agents from any and all liability with respect to the use and or disclosure of information gathered as part of this background check. **I understand that any volunteer position or offer of a volunteer position is dependent on results of a background check.** I further understand that I have no right to a volunteer position and that my position as a volunteer may be terminated immediately without cause and without notice at the sole discretion of the East Baton Rouge Council on Aging, its school partners, parishes, employees and agents.

Volunteer Applicant \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_

The East Baton Rouge Council on Aging would like to thank you for your expressed interest in our program. We look forward to working with you and hope this will be a great experience.