

**North Central Texas Area Agency on Aging
A Matter of Balance Volunteer Coach
Application**



Date: _____ DOB (Month/Day) _____/_____/_____

Name: _____ Gender: Female ☐ Male ☐

Street Address and Apt. No: _____

City, State, Zip Code: _____ County: _____

Phone: _____ Cell ☐ Home ☐ Office ☐

Alternate Phone: _____ ☐ Other _____

Email Address: _____

☐ Check if mailing address is different from home address, listed above, and enter below.

Mailing Address:

Street Address and Apt. No. or P.O. Box: _____

City, State, Zip Code: _____ County: _____

What company / agency (if applicable) are you affiliated with? _____

Do you speak more than one language? ☐ Yes ☐ No

If Yes, please list other languages.

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Do you have transportation? ☐ Yes ☐ No

Describe any volunteer experience you've had.

Describe your interest in volunteering for the North Central Texas Area Agency on Aging.

I will consider volunteering in the following counties (may check one or more):

- | | | | | | |
|-----------------------------------|------------------------------------|----------------------------------|-------------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Collin | <input type="checkbox"/> Denton | <input type="checkbox"/> Ellis | <input type="checkbox"/> Erath | <input type="checkbox"/> Hood | <input type="checkbox"/> Hunt |
| <input type="checkbox"/> Johnson | <input type="checkbox"/> Kaufman | <input type="checkbox"/> Navarro | <input type="checkbox"/> Palo Pinto | <input type="checkbox"/> Parker | |
| <input type="checkbox"/> Rockwall | <input type="checkbox"/> Somervell | <input type="checkbox"/> Wise | | | |

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Program of Interest (may check one or more):

- ☐ Benefits Counseling and Senior Medicare Patrol
- ☐ Long-Term Care Ombudsman

Taking Control of Your Health Programs

- ☐ A Matter of Balance: Managing Concerns About Falls
- ☐ Chronic Disease Self-Management
- ☐ Chronic Pain Self-Management
- ☐ Diabetes Self-Management
- ☐ Tai Chi for Arthritis and Fall Prevention

***If you currently volunteer for any of the programs listed above, please specify the volunteer organization(s) and your role(s).** _____

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How did you hear about us? Please check all that apply and describe.

☐ Area Agency on Aging _____

☐ Employer _____

Do you receive paid time off or service credit for volunteering? ☐ Yes ☐ No

☐ Faith-based organization _____

☐ Family or friend referral _____

☐ Health fair _____

☐ Library _____

☐ Electronic media

☐ Newspaper _____ ☐ Radio station _____

☐ Social media platforms _____ ☐ Email _____

☐ Senior center / community center _____

☐ Internet volunteer website (for example, Create the Good, Volunteer Match, etc.) _____

☐ Other _____

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Acknowledgment

Thank you for your interest in the A Matter of Balance (AMoB) Volunteer Coach position. Candidates are interviewed to ensure an appropriate match of agency needs and the volunteer's interests.

The preferred volunteer must be willing to serve within the 14-county region, including Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise counties. Some local travel may be necessary.

In addition, the volunteer must be at least 18 years of age, complete a successful background verification, undergo AMoB Coach Training, receive annual AMoB continuing education, comply with program requirements, and commit to one year of service.

Volunteer coaches are eligible for certification through the North Central Texas Area Agency on Aging and MaineHealth after **two full workshops** have been completed within 12 months of training. Workshops include a series of 8 sessions each for on-site classes and 9 sessions each for virtual classes. Thereafter, remain an active volunteer coach by conducting one entire workshop series every 12 months.

☐

I have read, and I understand and agree to the above requirements.

Volunteer Candidate

Printed Name: _____

Signature: _____

Date: _____