

VOLUNTEER APPLICATION

Application Date _____

PERSONAL INFO

Name _____

Mailing Address _____

Physical address (if P.O. Box) _____

Home Phone _____ Cell Phone _____

Email address _____

Would you prefer we use your home or cell phone when calling _____

DOB _____ Month/date/year

Emergency contact name _____ Phone number _____

SKILLS & EXPERIENCE

Special training, skills, hobbies _____

List groups, clubs, organizational memberships in which you are affiliated _____

Please describe your prior volunteer experience (include organization names and dates of service)

List any medical conditions the Center should be aware of _____

Are you retired? No Yes

Do you have a driver's license? No Yes

Do you have car insurance? No Yes

Do you have a car available for transporting others? No Yes

How did you hear about this program? _____

Please complete reverse side

From the attached list of current volunteer opportunities please mark all areas you are interested in together with the days/hours you are available and return this application to Adele Martin, Volunteer Coordinator, or Ellen Weissman, Executive Director.

<i>(Sample) volunteer opportunity</i>	<i>Available Mondays or Tuesdays from 10 am - 1 pm</i>
<i>Baking pies, cookies, etc. for events</i>	
<i>Collect donations for special events</i>	
<i>DayBreak volunteer</i>	
<i>Food service</i>	
<i>Friendship Corp (Area Agency on Aging)</i>	
<i>Grant writing</i>	
<i>Home delivered meal program drivers</i>	
<i>Landscape/gardening</i>	
<i>Newsletter and poster distribution</i>	
<i>Office work</i>	
<i>Retired & Senior Volunteer Program (Area Agency on Aging)</i>	
<i>SASi-mobile</i>	
<i>Sell raffle/other tickets</i>	
<i>Serve as a SASi Board of Director</i>	
<i>Teach a class</i>	
<i>Transportation</i>	
<i>Work at fundraisers</i>	
<i>"Young buck brigade" - moving heavy items</i>	
<i>Other: (Please describe)</i>	

Signature _____

Date _____

