

Office On Aging
Application for Volunteer Placement – Senior Center

Date _____

Name _____ Home Phone _____ Cell# _____

Address _____ Work Phone # _____

Town _____ Zip _____ Age (if under 18) _____ M _____ F _____

Email _____ School _____

Grade _____ Education level completed _____

Occupation _____

Languages spoken _____ Birthday (MM/DD/YY) _____

Organizational Memberships _____

Why did you select the senior center for volunteering? _____

How did you hear about this volunteer opportunity? _____

Do you have any special skills or talents you can share? _____

What related experience (volunteer or paid) do you have? _____

Indicate any physical limitations? _____

References (non-relatives) from previous job, volunteer job or related work:

1. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____
2. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____

Personal Character References:

1. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____
2. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____

In case of emergency notify:

1. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____
2. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____

Availability – hours available Monday – Friday 8:30 – 4:30

Year Round School Year Winter/Spring Break Summer Only

Number of hours interested in volunteering per day assigned _____

Days available Mon. Tues. Wed. Thurs. Fri.

Times available _____

Job Interest: (please check areas of interest for volunteer work)

Office Support

- Door Greeter
- Gym Greeter

Program Support

- Computer teacher

Outreach

- Kitchen assistant Meals on Wheels

- Other _____
- Other _____

*****For office use only below*****

Start date _____ Length of job _____

Job Assignment _____

Days assigned _____

Times assigned _____

Supervisor _____

Comments _____

OFFICE ON AGING

ALL VOLUNTEER APPLICANTS MUST COMPLETE SECTION I, II AND IV

TO: All New Volunteers or Temps
FROM: Julie Trammell, Human Resources Coordinator
SUBJECT: Volunteer Form

PROGRAM or Temp Agency: Temp Agency _____
 Volunteer
 School Project _____

Program Info: Start Date: _____ **End Date:** _____

MUST BE COMPLETED BY ALL VOLUNTEER APPLICANTS

Section I. Please fill in the following information (this is for emergency information only):

FULL NAME: _____
ADDRESS: _____
PHONE # - home _____
cell: _____
PROGRAM or Temp Agency: _____

MUST BE COMPLETED BY ALL VOLUNTEER APPLICANTS

Section II: In case of emergency, notify:

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE # - home _____
work: _____
cell: _____

Section III: Department Head: Please list the duties that will be assigned to this person.

Date _____ Department _____ Signature of Department Head _____

MUST BE COMPLETED BY ALL VOLUNTEER APPLICANTS

Section IV. Volunteer or Temp must read and sign:

I, _____ (name) have read and understand that I will be working for the
_____ Department and will be assigned the duties as listed above.

If above is a minor, this statement must be signed by a parent or legal guardian.

Date _____ Signature of Volunteer or Temp _____

Date _____ Signature of Parent or Guardian _____