



VOLUNTEER APPLICATION

The information on this form will help us to find the most satisfying and appropriate volunteer service for you. Your cooperation in completing this application is most appreciated.

Last Name _____ First Name _____ Date _____

Date of Birth _____ Social Security No _____

Home Address _____ City _____

State _____ Zip Code _____ Home Phone _____ Other Phone _____

E-mail Address _____ Currently employed? _____ If yes, hours/week _____

Full Time Resident _____ Snow Bird _____ Months Away _____

Emergency Contact 1 (Name & Phone No.) _____

Emergency Contact 2 (Name & Phone No.) _____

Volunteer/salaried work experience _____

Special skills, training or hobbies _____

What kind of volunteer jobs are you most interesting in? _____

Days available per week _____ Hours _____

How did you become interested in the Mae Volen Senior Center? _____

PLEASE READ THE FOLLOWING VOLUNTEER POLICIES AND SIGN BELOW

- Your volunteer assignment will not be held for you if you must be away for extended time periods.
- Volunteers are expected to report their volunteer hours each week.
- Volunteer must abide by the Center Client Confidentiality policy, that: "no information about an older person, or obtain from an older person, may be disclosed in a form that identifies the person without the informed written or documented oral consent of the person or of his/her legal representative, unless the disclosure is required by court order".
- A Volunteer Handbook is distributed and explained to the volunteer by the Supervisor.
- Volunteer must sign in hours in the Volunteer Hours Book before starting work.

Volunteer Signature _____ Date _____

OFFICE USE ONLY

Background Check Completed _____

ASSIGNMENT _____ START DATE _____ SHIFT _____

SUPERVISOR _____ DEPARTMENT _____