

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth ____/____/____

Volunteer position interest (please check those that apply):

HOME Program Volunteers:

Lawn Mower _____ Snow Removal _____ Handy Person _____ Friendly Visitor _____

Housekeeping _____ Weeding _____ Other _____

Equipment Available Lawn Mower _____ Snow Blower/Shovel _____ None _____

(Please note, volunteer must be able to transport mower or snow removal equipment)

Office/Administrative Volunteers:

Graphic Designer _____ Office Support Volunteer _____ Other _____
Please describe

Availability (day/time) _____

Current/Previous Occupation (please include Company if applicable) _____

Current/Previous Volunteer Experience _____

Educational Background _____

Thank you for your support of Senior Community Services and seniors in our Community!

List Three Personal/Organizational References

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you learn about this opening? _____

What are your expectations of this volunteer position? _____

Please name a person to contact in case of emergency:

Name: _____

Phone: _____ Relationship: _____

Applicant Signature

Date