



Individual Volunteer Application Form

SCSvolunteer@seniorcommunity.org

952-767-7894

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell / Work Phone _____

Email _____

Volunteer position interest (please check those that apply):

HOME Program Volunteers:

Grass Cutting ___ Gardening / Weeding ___ Snow Removal ___ Handy Person ___

Other (describe a skill you may have) _____

Equipment Available:

Lawn Mower ___ Snow Blower / Shovel ___ None ___

Office / Administrative Volunteers:

Office Support Volunteer ___

Availability: (day / time; example, "Monday Mornings" or "Weekends Only")

Current / previous occupation: (please include company or school if applicable)

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



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Current / previous volunteer experience:

Educational background:

Please list three personal / organizational references:

Name	Address	Email	Relationship
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Where did you hear about us? (ex. Volunteer Match, website, word of mouth, community newsletter)

Please name a person to contact in case of emergency:

Name:

Phone:

 Relationship:

Applicant Signature

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