



**VOLUNTEER APPLICATION FORM**

PLEASE COMPLETE BOTH PAGES

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Current Employment: \_\_\_\_\_

Former Employment: \_\_\_\_\_

Other / Previous Volunteer Experiences: \_\_\_\_\_

Do you speak another language besides English? \_\_\_\_\_

Are you engaged in a business providing services to seniors?      No      Yes

If Yes, please explain type of Business: \_\_\_\_\_

=====

**FOR OFFICE USE ONLY**

Date application was received: \_\_\_\_\_ Interview date: \_\_\_\_\_

Reference check dates received: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

\_\_\_\_\_ Volunteer Agreement signed and copy given to volunteer?

Date of completed background / drivers record check: \_\_\_\_\_

Date of training in program area: \_\_\_\_\_ by \_\_\_\_\_

Area assigned: \_\_\_\_\_ Center: \_\_\_\_\_

REQUIRED Two reference names, addresses, and phone numbers :

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

REQUIRED Emergency contact names, phone numbers, and relationship to you:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Volunteer Area Preference (*Check all that apply*):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Receptionist             | <input type="checkbox"/> Cafe Assistant           | <input type="checkbox"/> STAR Program Assistant       |
| <input type="checkbox"/> Fitness Center Assistant | <input type="checkbox"/> Meals on Wheels Driver   | <input type="checkbox"/> Tool Team                    |
| <input type="checkbox"/> Computer Tutor           | <input type="checkbox"/> Shuttle Chauffeur        | <input type="checkbox"/> Tranquility Garden Assistant |
| <input type="checkbox"/> Café Hostess             | <input type="checkbox"/> Special Events Assistant | <input type="checkbox"/> No Preference                |

Briefly explain your interest in volunteering at Fayette Senior Services: \_\_\_\_\_

\_\_\_\_\_

Briefly explain what skills you bring to your program choice areas: \_\_\_\_\_

\_\_\_\_\_

Tell us about your availability. How many hours you are available to volunteer each week? \_\_\_\_\_

Circle the day(s) of the week you are available to volunteer:

Monday      Tuesday      Wednesday      Thursday      Friday      Weekends

Circle the time(s) of day you are available to volunteer:

8AM – 12PM      11AM – 1PM (Meals On Wheels)      12PM – 3PM      3PM – 6PM      Evenings

Additional Information / Comments: \_\_\_\_\_