



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: 1st _____ 2nd _____

_____ 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: _____

Once completed, please download and email to cbittinger@fayss.org or print and turn in at the 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: _____