

**Office On Aging**  
**Application for Volunteer Placement – Senior Center**

***Date*** \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell# \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_ Age (if under 18) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Email \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Education level completed \_\_\_\_\_  
Occupation \_\_\_\_\_  
Languages spoken \_\_\_\_\_ Birthday (MM/DD/YY) \_\_\_\_\_  
Organizational Memberships \_\_\_\_\_  
Why did you select the senior center for volunteering? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this volunteer opportunity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills or talents you can share? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What related experience (volunteer or paid) do you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any physical limitations? \_\_\_\_\_  
\_\_\_\_\_

*References (non-relatives) from previous job, volunteer job or related work:*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ #Yrs. Known \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ #Yrs. Known \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

*Personal Character References:*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ #Yrs. Known \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ #Yrs. Known \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

*In case of emergency notify:*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ #Yrs. Known \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ #Yrs. Known \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Availability – hours available Monday – Friday 8:30 – 4:30**

Year Round     School Year     Winter/Spring Break     Summer Only

Number of hours interested in volunteering per day assigned \_\_\_\_\_

Days available     Mon.     Tues.     Wed.     Thurs.     Fri.

Times available \_\_\_\_\_

**Job Interest:                    (please check areas of interest for volunteer work)**

**Office Support**

- Receptionist
- Door Greeter
- Closet Organizer
- Gym Greeter
- Office Work

**Outreach**

- Kitchen assistant Meals on Wheels
- Health Benefits Counselor  
(Training course required)

**Program Support**

- Computer room monitor
- Computer teacher
- Gardening/plants
- Entertainer
- Language teacher
- Drama/acting teacher
- Artistic support/crafts
- IPAD teacher
- Slide travelogues
- Musical abilities
- Party assistant
- Board games
- Chess teacher
- Wii Bowling
- Speaker on topic
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**\*\*\*For office use only below\*\*\***

Start date \_\_\_\_\_ Length of job \_\_\_\_\_

Job Assignment \_\_\_\_\_

Days assigned \_\_\_\_\_

Times assigned \_\_\_\_\_

Supervisor \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

OFFICE ON AGING

**\*ALL VOLUNTEER APPLICANTS MUST COMPLETE SECTION I, II AND IV\***

**TO:** All New Volunteers or Temps  
**FROM:** Peggy Kelly-Beal, Human Resources Coordinator  
**SUBJECT:** Volunteer Form

**PROGRAM or Temp Agency:**  Temp Agency \_\_\_\_\_  
 Volunteer  
 School Project \_\_\_\_\_

**Program Info: Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**MUST BE COMPLETED BY ALL VOLUNTEER APPLICANTS**

**Section I. Please fill in the following information (this is for emergency information only):**

**FULL NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
PHONE # - home \_\_\_\_\_  
cell: \_\_\_\_\_  
PROGRAM or Temp Agency: \_\_\_\_\_

**MUST BE COMPLETED BY ALL VOLUNTEER APPLICANTS**

**Section II: In case of emergency, notify:**

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE # - home \_\_\_\_\_  
work: \_\_\_\_\_  
cell: \_\_\_\_\_

**Section III: Department Head: Please list the duties that will be assigned to this person.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Department Signature of Department Head

**MUST BE COMPLETED BY ALL VOLUNTEER APPLICANTS**

**Section IV. Volunteer or Temp must read and sign:**

I, \_\_\_\_\_ (name) have read and understand that I will be working for the  
\_\_\_\_\_ Department and will be assigned the duties as listed above.

*If above is a minor, this statement must be signed by a parent or legal guardian.*

\_\_\_\_\_  
Date Signature of Volunteer or Temp

\_\_\_\_\_  
Date Signature of Parent or Guardian