

Volunteer Application

Date: _____ How did you hear about us? _____

Name: _____

Address _____

City: _____ State _____ Zip _____

Phone: _____ Cell Home Work

Email: _____

Employment History

Are you currently employed? Y N

Current/Last Employer: _____

Briefly summarize your work experience: _____

Previous Volunteer Experience

Date	Organization	Type of Activity
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Do you have experience working with older adults? If yes, give a brief description of your activities:

Why do you want to volunteer for SASI/Senior Connections? _____

References (List 2):

Name: _____ Phone/Email: _____ Relationship _____

Name: _____ Phone/Email: _____ Relationship _____

Education (Check highest level):

HS Diploma HS GED BA/BS MS Other: _____

Skills (Check all that apply):

Word Excel PowerPoint Outlook Internet Web Design
Blog Writing Research Event Planning Social Media Community Outreach
Marketing Photography/Videography
Other: _____

Languages: _____

Hobbies/General Interests: _____

Availability

I am interested in volunteering: Weekly Monthly Special Events As Needed

Please list hours you are available on your preferred days.

Sunday _____ Thursday _____

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____

Are you a student? Y N Until what date will you be available? _____

I am interested in a specific program:

Best Day Special Events Ruby Slipper Spring Salon Office Help Driver
Senior Connections/Visiting Volunteer WBC/Telephone Visit Music & Memory

For Senior Connections Volunteers:

Please check what you would be willing to do when you visit:

Shopping Reading Writing Light chores Going out for coffee
Car ride Going for a walk Minor repairs Cards/Board Games Music

Other Activities? _____

For Drivers: For volunteers who wish to be drivers, a valid driver’s license and proof of current insurance must be submitted to SASI and or Senior Connections.

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission, or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize Services for Adults Staying in Their Homes, to which I am applying, to conduct any investigation necessary concerning any part of my background related to the position I am seeking, including, but not limited to, the obtaining of a criminal background check. I authorize any of the persons or organizations named in this application to provide complete information and records regarding my employment, education, character and qualifications. I release all parties from any liability in connection with the provision and use of such information.

Applicant Initials _____

I have read and agree with the above.

Signature: _____ **Date:** _____