

ADULT VOLUNTEER APPLICATION
Westlake Senior and Community Services

The information on this form will help us to find the most satisfying and appropriate volunteer position for you. Please let us know if your interests, availability, or limitations change.

Background Information (PLEASE PRINT OR TYPE)

Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ **Email Address:** _____

Birthday (Month/Day): _____

Do you currently volunteer in the community? _____ Yes _____ No

If yes, where? _____

What are your past volunteer experiences in the community: _____

What health limitations or disabilities would you like to make us aware of in order to volunteer in this position?

What skills, training, or knowledge do you wish to utilize or share while volunteering at the Center?

What attracted you to volunteer at the Center? _____

When are you available to volunteer?

CHECK <input type="checkbox"/> TIMES	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

See reverse side ---->

Volunteer Opportunities - Check all that apply

- Kitchen Help: Standing/walking up to one hour at a time, table setting, serving/cleaning up food, interacting with older adults
- Projects: Cutting and hot gluing, following instructions
- Social Service Program: Standing, lifting, food sorting, shelving, packing
- Greeting /Check-in: Standing, instructing, interacting with patrons and guests

References

Name: _____

Daytime phone number: _____ Relationship: _____

Name: _____

Daytime phone number: _____ Relationship: _____

Emergency Information

Name: _____

Daytime phone number: _____ Relationship: _____

I am applying for a volunteer position of my own free will and with no expectations of monetary or material gain. I agree to perform my job to the best of my ability and to abide by the rules and regulations set forth for all volunteers.

Signature

Printed Name

Date

For office use only:

Application received ____/____/____ Interviewed on ____/____/____

Applicant: ____ Accepted ____ Denied

If denied, reason _____