



VOLUNTEER APPLICATION

We are grateful to our volunteers for giving their time, talent and experience to improve the quality of life for older adults in Orange County. With each hour of volunteer service, the network of care provided by Community SeniorServ becomes stronger. By volunteering as a Community SeniorServ volunteer, you can: create meaning in your life, meet new people and build lifelong relationships, give back to your community, explore different careers, fulfill school requirements, make a difference and experience the joy of service.

PERSONAL INFORMATION:

Name _____ Date _____

Home Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____

E-Mail _____ Fax # (If Any) _____

Sex M ___ F ___ Birth Date(day/month) _____ Ethnicity (optional) _____

Drivers License # _____ Car Insurance # _____

Emergency Contact:

Name _____ Relationship _____ Daytime Ph. _____

May we contact? Y ___ N ___

Interests/Skills _____

Have you ever been convicted of a crime other than minor traffic violations? (If Yes, please explain) _____

EMPLOYMENT:

Current or Last Employer _____

Address _____ City _____ Zip _____

Position _____ May we contact? Yes ___ No ___

REFERENCES:

May we contact? Yes _____ No _____

Name _____ Phone Number _____

Name _____ Phone Number _____

VOLUNTEER INFORMATION:

Volunteer Position Desired _____

Physical conditions which may limit your ability to perform the position for which you are applying for _____

Day(s) you are available to volunteer:

of Hours Available

_____ Monday _____ A.M. or P.M. _____

_____ Tuesday _____ A.M. or P.M. _____

_____ Wednesday _____ A.M. or P.M. _____

_____ Thursday _____ A.M. or P.M. _____

_____ Friday _____ A.M. or P.M. _____

Volunteer Experience _____

By signing below,

- I confirm that all information contained in this application is accurate.
- I agree to keep all identifying and personal information about clients confidential.
- I agree to hold Community SeniorServ harmless from all claims and liability arising out of the agency while I participate as a volunteer in Community SeniorServ programs.

Signature _____ Date _____

For Office Use Only:

Volunteer Position Assigned: _____ Start Date: _____ Call Back: _____

Additional Comments: