

## Durham Center for Senior Life VOLUNTEER APPLICATION FORM

**Personal Information:**

Name: .....

Date of Birth..... Today's Date: .....

Address:.....  
Street
City
State
Zip

Telephone: ..... Email Address: .....

Physical Limitations:  No  Yes: please explain: .....

**Areas of Interest:**

Why do you want to volunteer at the Council for Senior Citizens?.....

Does this volunteer work related to a college course/internship?  No  Yes

If Yes, please describe the requirements:.....

Special skills, training, hobbies:.....

Areas of Interest (Check all that apply)

- Office/clerical work
- Assist with special events
- Support services to older adults
- Other, please specify.....

**Volunteer availability:** (Check days available, and write in times available)

DAY AVAILABLE	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
TIME AVAILABLE					

**In an Emergency, please notify:**

Contact Name: .....

Phone Number: ..... Relationship.....

**References:** (People that you have known for two or more years)

1..... Phone:..... Email:.....

2..... Phone:..... Email:.....

3..... Phone:..... Email:.....

**Signature:** .....

**Office Use Only:**

<input type="checkbox"/> Orientation Completed: _____	<input type="checkbox"/> Volunteer in My Senior Center	<input type="checkbox"/> Profile in GiftWorks
<input type="checkbox"/> Confidentiality Agreement	<input type="checkbox"/> Swipe Card Assigned/Updated	<input type="checkbox"/> Assigned Tasks: _____