

**VOLUNTEER APPLICATION FORM**

*PLEASE PRINT CLEARLY AND COMPLETE ALL PAGES. RETURN TO THE ABOVE ADDRESS. ONCE RECEIVED, OUR VOLUNTEER COORDINATOR WILL CALL YOU FOR AN INTERVIEW.*

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Do you live in the Fayetteville City limits: Yes No

Home phone \_\_\_\_\_ Cell phone# \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ e-mail \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Current employment \_\_\_\_\_

Former employment \_\_\_\_\_

Other/previous volunteer experiences \_\_\_\_\_

Do you speak another language besides English? \_\_\_\_\_

Are you engaged in a business providing services to seniors? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain type of Business \_\_\_\_\_

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**For office use only**

Date application was received: \_\_\_\_\_ Interview date: \_\_\_\_\_

Reference check dates received: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

\_\_\_\_\_ Volunteer Agreement signed and copy given to volunteer

Date of completed Background/drivers Record Check: \_\_\_\_\_

Date of training in program area: \_\_\_\_\_ by \_\_\_\_\_

**Volunteer Area:** \_\_\_\_\_

**Reference names, addresses, and phone numbers (Required): Please print**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/zip: \_\_\_\_\_

**Emergency contact names, phone numbers, and relationship to you (Required):**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Volunteer opportunities: indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> areas of interest:**

\_\_\_ Receptionists/Clerical Assistant

\_\_\_ Ambassador

\_\_\_ Special Events Assistant

\_\_\_ Fitness Center Assistant

\_\_\_ Computer Assistant

\_\_\_ STAR Program Assistant

\_\_\_ Arts & Crafts Assistant

\_\_\_ Center Café Hostess

\_\_\_ Center Café Assistant

\_\_\_ Meals on Wheels Driver

\_\_\_ Meals on Wheels Packer

\_\_\_ Shuttle Chauffeur

**Briefly explain your interest in volunteering at Fayette Senior Services:** \_\_\_\_\_

**Briefly explain what skills you bring to your program choice areas:** \_\_\_\_\_

**Availability:** Number of hours you are available to volunteer each week. \_\_\_\_\_

**Circle the days of the week you are available to volunteer:**

Monday

Tuesday

Wednesday

Thursday

Friday

**Circle the time of day you will be available:** 11:00am to 1:00pm (Meals On Wheels only)

Mornings between 8:00am & 12:00 Noon

Afternoons between 12:00noon and 3:00pm

Late afternoons between 3:00pm and 6:00pm

Evening and Weekends only

**Other:** \_\_\_\_\_