



PISCATAWAY SENIOR CENTER

VOLUNTEER APPLICATION FORM

(Confidential)

PERSONAL DETAILS

Name: _____

Address: _____

Telephone # (Day) _____ (Evening) _____

MOBILE # _____ Email _____

Any restrictions on daytime/e-mail contact? _____

Age (If under 16 or over 85 years – for insurance purposes) _____

If applying for a specific volunteering vacancy, please state which role:

VOLUNTEER INTERESTS (Please check areas that you are interested in)

- | | |
|---|---|
| <input type="checkbox"/> Assisting @ Events | <input type="checkbox"/> Internet/Computer Work |
| <input type="checkbox"/> Group Volunteering | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Group Leader (Specific Interest) _____ | |

AVAILABILITY - (AT WHAT TIMES ARE YOU AVAILABLE FOR VOLUNTEERING)

<input type="checkbox"/> Flexible	<input type="checkbox"/> Daytime	<input type="checkbox"/> Weekends
<input type="checkbox"/> Weekdays	<input type="checkbox"/> Evenings	
How often would you be able to offer the above availability?		
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EMPLOYMENT/VOLUNTEERING EXPERIENCE

Please indicate skills/hobbies/talents/previous volunteering experience:

REFERENCES: (Please provide details of 2 people, unrelated to you, whom we may contact as references)

Name	Name
Address:	Address

I was assigned to volunteer for:

By: _____ **Date** _____