

# Wakefield Council on Aging

30 Converse Street  
Wakefield Ma 01880  
781-245-3312



## Volunteer Application

Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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1. How did you learn of our volunteer programs? \_\_\_\_\_

2. Why do you want to volunteer? \_\_\_\_\_

3. What skills would you like to share with the community? \_\_\_\_\_

### Experience

1) Work Experience \_\_\_\_\_

2. Volunteer Experience (organization and activity) \_\_\_\_\_

3. If you have volunteered in the past what did you like about the experience?

4. What did you dislike about the experience? \_\_\_\_\_

## Personal Information

### 1. Education

	Name of Institution	Location	Degree or Certificate
High School			
College			
Other			

### 2. Languages \_\_\_\_\_

*If you are multi-lingual, please rate the levels at which you speak \_\_\_\_ read \_\_\_\_ and/or write \_\_\_\_ the language(s) listed e.g. fluent \_\_\_\_ proficient \_\_\_\_ basic \_\_\_\_?*

3. Please circle the day(s) you are available? M T W TH F Sat Sun

4. Please circle the general times you are available? Daytime Evening Both

5. How many hours would you like to volunteer? (per week) \_\_\_\_\_

6. Please list any allergies or special preferences (i.e. non-smoker, no dogs, etc.) \_\_\_\_\_

\_\_\_\_\_

7. What special hobbies, skills, and interests do you have?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. In case of emergency, please specify a person who we should contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address:

\_\_\_\_\_

City \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ Apartment # \_\_\_\_\_

9. Please name two personal references (should not be family members):

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Volunteer Opportunities and Supplemental Information

### **Volunteer Opportunities (Please check off or prioritize any of the following programs that interest you.)**

- Bingo
- Lunch Room
- Medical Escort/Transportation
- Newsletter mailings
- Office/Administrative Help
- Other \_\_\_\_\_

### **Wakefield Volunteer Policies**

Please read and initial each of the following items; by doing so, you are agreeing to adhere to Wakefield Council on Aging's volunteer program guidelines.

- I must participate in a mandatory on-site orientation and/or training.
- **I give permission for a CORI (Criminal History Background Check) to be completed on me.**
- I understand that I will not receive any monetary compensation for my donated time.
- I realize that if I use my car in my volunteer activities, I must maintain the personal insurance protection and carry a current valid license as required by Massachusetts State Law.
- I will personally complete or assist in the completion of monthly time reports to maintain volunteer hours
- I will give notice, preferably one week or at least 24 hours, to the coordinator or scheduled supervisor, if I cannot participate on my assigned day.
- I certify that all information contained in this application is correct to the best of my knowledge and I understand that falsification of the information is grounds for dismissal or participation.

### **I. Confidentiality Statement**

I will observe the confidential nature of all information given to me during the course of my volunteer service with the Wakefield Council on Aging.

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
(required for CORI)