Wellesley Council on Aging

219 WASHINGTON STREET • WELLESLEY, MA 02481
TELEPHONE: (781) 235-3961 FACSIMILE: (781)239-0394
WWW.WELLESLEYMA.GOV/COA

VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Street Address: _____

Town: _____ State: ____ Zip: _____

Phone: Home: _____ Cell: _____ Work : _____

Email: _____

Preferred method of contact? _____ Preferred time? _____

Date of Birth: _____

Emergency Contact Name: _____

Relationship: _____ Contact Phone Number: _____

Additional details you may wish to note (including important medical information, physical limitations, other emergency contacts, etc.)_____
_____
_____

VOLUNTEER PROFILE

Education (list institutions, diplomas, certificates, degrees) _____
_____
_____

Interests/Skills/Hobbies _____
_____
_____

Current or most recent employment _____
_____
_____

Please describe your prior volunteer experience (include organization names and dates of service)
_____
_____
_____

If you speak another language(s), please indicate: _____

Do you have a car available for use? Yes____ No____

Please fill in days/times you are available to volunteer?

Day:	From:	To:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

I prefer to work: [ ] Regular Schedule [ ] intermittently [ ] other

The ways I am willing to help are:

- [ ] Serving lunch
- [ ] General office support & mailing
- [ ] Activity leader - type of activity: _____
  (eg: jewelry making teacher, teaching canasta)
- [ ] Discussion facilitator – subject: _____
  (eg: sports, current events)
- [ ] Activity assistant
- [ ] Assist with newsletter mailing
- [ ] Intergenerational events
- [ ] Rake leaves/spring clean up
- [ ] Snow removal
- [ ] Entertainment (please list talent) _____
- [ ] Interpreter, language spoken_____
- [ ] Distribute flyers around town
- [ ] COA Board of Directors
- [ ] COA committee
- [ ] Help out at special events
- [ ] Carry groceries for seniors (Wednesday AM)
- [ ] Senior Center advocacy
- [ ] Tax preparation
- [ ] Health insurance counseling (SHINE)
- [ ] Volunteer Driver
- [ ] Photographer for events/activities
- [ ] Videographer

OTHER:_____

How did you learn about volunteering with the COA? _____

<u>References</u>: Please list two people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name & Organization	Relationship to you	Length of relationship	Phone number

The Council on Aging is open from 9:00 to 4:00 Monday through Friday. Applicants will be required to provide a valid driver's license, or other acceptable photo ID, and complete a CORI Request form before beginning any volunteer engagement.

_____ _____

Signature of Volunteer Date

Completed applications may be mailed or hand delivered to:

Wellesley Council of Aging, 219 Washington Street, Wellesley, MA 02481

<u>To Submit by Email:</u>

Save a copy of this **FORM** to your desktop, then attach it to an Email.

Submit by E-Mail to Gayle Thieme

~ For Office use only – Please do not write below this line ~

_____

CORI Submitted_____ CORI Received_____ Notified _____ Start date_____ MSC input_____