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? _____

References: 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

To Submit by Email:

Save a copy of this **FORM** to your desktop, then attach it to an Email. Send to: Submit by E-mail to Jodi Crimmins

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

CORI Submitted_____ CORI Received_____ Notified _____ Start date_____ MSC input_____