



WAKEFIELD COUNCIL ON AGING
30 Converse Street
Wakefield, MA 01880
781-245-3312

Volunteer Application

Contact and personal information:

Name: _____ Today's date: _____

Home phone: _____ Alternate phone: _____

Address: _____

Email: _____

How did you learn of our volunteer programs?

Why do you want to volunteer?

What skills would you like to share with the community?

Experience

Work experience:

Volunteer experience (organization and activity):

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

What did you dislike about the experience?

Please indicate your educational background:

	Name of institution	Location	Degree or certificate
High School			
College			
Other			

If you are multi-lingual, please rate your aptitude (basic, proficient, fluent).

Language	Proficiency Speaking	Proficiency Reading	Proficiency Writing

Which day(s) you are available to volunteer? M T W TH F Sat Sun

What times are you generally available to volunteer? Daytime Evening Both

How many hours would you like to volunteer per week? _____

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

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

Please indicate the programs that interest you:

Bingo

Lunch room

Medical escort / transportation

Newsletter mailings

Office / administrative help

Other, please specify:

In case of an emergency, please specify a person with whom we should contact:

Name: _____ Relationship: _____ Phone: _____

Address: _____

Please provide two personal references (non-family members):

Name: _____ Relationship: _____ Phone: _____

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Volunteer policy

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 Offender Record Information) 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.

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

Date

Date of birth (required for CORI): _____