



*The Mendon Council on Aging
Volunteer Application*

Date _____

Name: _____

Address: _____
Street Town/State Zip Code

Phone(home) _____ Work/Cell _____

Email: _____

Person(s) to notify in case of an emergency: (Name, Phone # and relationship)

EDUCATIONAL BACKGROUND

Years completed school: _____

Previous work/occupation: _____

Have you volunteered before? _____ If yes, what did you do? _____

Do you have specific hobbies, interests, training or skills? _____

What languages other than English do you speak? _____

Memberships in clubs and organizations? _____

JOB RELATED INFORMATION

Do you have a preference for a particular task or job? _____

How many hours per week would you be available? (please list days/time) _____

(please complete reverse side)

Do you have any physical and/or medical condition which should be taken into account when Arranging a volunteer assignment? _____

How did you learn about our center or the program? _____

Are there any comments or suggestions you'd like to make? _____

Please list a personal or work reference:

Name	Address	Phone #
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Note – All volunteers and staff must undergo a CORI (Criminal Records Check). You will be asked to sign a release form for this purpose.

If you have any questions, please contact Amy Wilson Kent, Senior Center Director by either phone or email: 508-478-6175 or coa@mendonma.gov

Thank you for your interest in the efforts of the Mendon Senior Center!