



Date of Volunteer Application: _____
Area Assigned: _____
Supervisor: _____
Date of Orientation _____

Application Updated December 2017

Name _____ Phone(s) _____ / _____

Address _____ City/State/Zip _____

Email _____ Are you 18 years or older? Yes _____ No _____

Reasons for Wanting to Volunteer:

- I believe in the cause/goals/mission of the organization and want to support it
- To meet new people/ make new friends
- To feel useful/needed
- To have fun
- To learn a new skill
- To refresh an old skill
- To fulfill a community service requirement (school, work, church)
- To spend quality time with family/friends by volunteering together

Volunteer Opportunities: (Please indicate your interest below) Highlighted are high priority needs

- | | | |
|---|--|---|
| <input type="checkbox"/> Home Delivered Meals Driver | <input type="checkbox"/> Café at the HUB on Smith | <input type="checkbox"/> Newsletter Mailings |
| <input type="checkbox"/> Senior Companion- Sheridan | <input type="checkbox"/> Dining Room Heritage Towers | <input type="checkbox"/> Administrative Assistance |
| <input type="checkbox"/> Family Caregiver Support | <input type="checkbox"/> Special Events | <input type="checkbox"/> Young at Heart Theater Group |
| <input type="checkbox"/> Handy Man Services | <input type="checkbox"/> Fundraisers / Keystone Awards | <input type="checkbox"/> Computer Assistance |
| <input type="checkbox"/> Senior Companion- Tongue River | <input type="checkbox"/> Development/Grant Writing | <input type="checkbox"/> Crafts/Hobbies |
| <input type="checkbox"/> Dining Room Desk | <input type="checkbox"/> Thrift Store Green Boomerang | <input type="checkbox"/> Instructors (exercise/computers, etc.) |
| <input type="checkbox"/> Buildings/Grounds Maintenance | <input type="checkbox"/> Transportation Helper | <input type="checkbox"/> Sheridan Aires singing group |
| <input type="checkbox"/> Registrar at the HUB-weekends | <input type="checkbox"/> Grab and Go Volunteer | <input type="checkbox"/> Entertainment / Special Music |
| <input type="checkbox"/> Dementia Friendly Wyoming | <input type="checkbox"/> Share a Special Skill/Talent | |

Other Interests not listed: _____

Some volunteer positions may require a background check / NSO check / reference check / signed handbook and/or orientation

Time commitment & availability: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Weekends ___ A.M. ___ P.M.

Summarize relevant work experience _____

Summarize relevant volunteer experience _____

Summarize education &/or special training _____

Summarize your interests, abilities, any special skills/hobbies _____

How did you find out about this Volunteer Opportunity? _____

Please list 2 References:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Physical Limitations: (no heavy lifting, limited walking, limited hearing/vision etc.) _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Address _____ City/State _____

AUTHORIZATION OF RELEASE

By signing this document, I authorize the HUB on Smith to conduct an Adult Central Registry Screen, a National Sex Offender (NSO) check and contact the references I have listed above. I also understand that I may withhold my permission and that in such a case, no investigation will done, and my volunteer application not be processed further

SIGNATURE OF VOLUNTEER _____ **DATE** _____

VOLUNTEER NAME – PRINT _____

I certify that the answers given herein are true and complete to the best of my knowledge.
I understand that I am required to abide by all rules and regulations of the Sheridan Senior Center.

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

Sheridan Senior Center is an equal opportunity provider and employer

For more information, visit the Senior Center website at sheridanseniorcenter.org (Like us on Facebook)

For internal purposes only, initial and date

_____ Application Signed

_____ Handbook Signed

_____ Background Check

_____ Reference Check

_____ Added to Volunteer List/ My Senior Center