

NORTH CHARLESTON SENIOR CENTER

VOLUNTEER APPLICATION FORM

Date: _____

First Name: _____ M.I. _____ Last Name: _____

Preferred on Nametag (if different than above): _____

Birthday: _____

Address: _____

City, State, Zip: _____

Phone Number: Home: () _____ -- _____ Other: () _____ -- _____

E-mail Address: _____

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
- to get out of the house

Volunteer Opportunities: (Please indicate your interest below)

- Instructors (exercise/art/language/etc.) Entertainment/Music
- Social Activities (cards/games) Special Events
- Newsletter Mailings Crafts/hobbies
- Senior Center Tours Garden/Grounds Maintenance

Other interests not listed: _____

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

Summarize education &/or special training: _____

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

Availability:

- | | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Monday AM | <input type="checkbox"/> Monday PM | <input type="checkbox"/> Tuesday AM | <input type="checkbox"/> Tuesday PM |
| <input type="checkbox"/> Wednesday AM | <input type="checkbox"/> Wednesday PM | <input type="checkbox"/> Thursday AM | <input type="checkbox"/> Thursday PM |
| <input type="checkbox"/> Friday AM | <input type="checkbox"/> Friday PM | <input type="checkbox"/> Saturday AM | |

Please List 2 References:

Name: _____ Relationship: _____

E-mail: _____ Phone #: _____

Name: _____ Relationship: _____

E-mail: _____ Phone #: _____

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 North Charleston Senior Center.

Volunteer Signature _____ **Date** _____

Volunteer Name (Printed) _____