



The Senior Connection

Volunteer Application

Title	First Name	M.I.	Last Name	
Address		City	State	Zip Code
Home Phone		Work Phone	E-mail Address	
Occupation (If retired, please state last work occupation.)			May we contact you at work? (yes___/no__)	
Language abilities (Please specify languages, including sign language):				
How did you hear about <i>The Senior Connection</i> ?				
Why do you want to volunteer?				
What previous volunteer experience would you like to share with us?				

For office use:

Reference Check Date: (1)_____ (2)_____ (3)_____ Start Date: _____ Entry Date: _____

SERVICES YOU ARE WILLING TO PROVIDE

(Please mark all areas of interest to you.)

Direct Assistance

<input type="checkbox"/>	friendly visitation
--------------------------	---------------------

	telephone reassurance
	language translation for care receivers
	computer and internet mentoring for care receivers
	reading letters, books and magazines; writing letters and handling other correspondence
	personal shopping - shopping from a list prepared by a homebound care recipient
	paperwork assistance: medical claims and form filing
	transportation to routine doctor visits
	transportation to shopping and/or other activities (e.g. hairdresser, barber, bank, etc.)
	lawn care or snow removal
	respite care
	other (please specify)
Support Services	
	administrative/clerical/data entry
	telephone support
	language translation of forms and flyers
	other (please specify)
Policy Guidance and Community Relations	
	serving on the community and public relations committee
	serving on the development and fundraising committee
	serving on the program planning and evaluation committee
	serving on the Board of Directors of The Senior Connection
	other (please specify)

Geographic Areas in which you are willing to drive	
	Montgomery County
	Prince George's County
	Washington, DC
	Northern Virginia
	How many miles are you willing to drive to provide a service?

TIME: PREFERRED AVAILABILITY			
Scheduled Friendly Visits:	WEEKLY ?	TWICE WEEKLY ?	OTHER ?
Other Services:	WEEKLY ?	TWICE WEEKLY ?	BI-WEEKLY ? AS NEEDED ?
	MONTHLY ?	ON CALL ?	
Other Time Constraints:			

Please mark all days and times you prefer to volunteer. (There is no minimum time commitment)													
	8	9	10	11	NOON	1	2	3	4	5	6	7	8
Sun													
Mon													
Tue													
Wed													
Thu													
Fri													
Sat													

PERSONAL DATA

If you choose to volunteer with the Senior Connection, please provide us with the information requested on this page. Note that this information will be kept confidential and will be used only for statistical reports, volunteer screening or in the case of an emergency involving you as a volunteer with The Senior Connection. If you have any reservations about providing this information, please contact Ms. Sue Dollins of The Senior Connection.

