



The Senior Connection

3950 Ferrara Drive
 Silver Spring, MD 20906
 Tel: 301-962-0820
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 E-mail: seniorconnectionmc@gmail.com

Volunteer Application

Title	First Name	M.I.	Last Name	
Address		City	State	Zip Code
Home Phone	Work Phone	Cell Phone	E-Mail Address	
Occupation (if retired, please state last occupation)		Where may we contact you during the day?		
Foreign languages you speak and understand well (including sign language):				
How did you hear about The Senior Connection?				
Why do you want to volunteer?				
What previous volunteer experience do you have?				

SERVICES YOU ARE WILLING TO PROVIDE (Please mark all areas of interest to you)	
<i>Direct Assistance</i>	
<input type="checkbox"/>	Friendly visitation (reading and writing letters; and reading books, magazines and other correspondence)
<input type="checkbox"/>	Telephone reassurance
<input type="checkbox"/>	Language translation for care receivers
<input type="checkbox"/>	Personal shopping – shopping from a list prepared by a homebound care recipient
<input type="checkbox"/>	Transportation to routine doctor visits
<input type="checkbox"/>	Transportation for shopping and/or other activities (e.g., grocery, pharmacy, hairdresser, barber, bank, etc.)
<input type="checkbox"/>	Other (meal preparation, light housekeeping, yard work, etc.)

(Please turn over)

PREFERRED AVAILABILITY

WEEKLY ___ BI-WEEKLY ___ MONTHLY ___ AS NEEDED ___ OTHER (specify) _____

	Morning				Afternoon			Specify Time
	8 -10	9 - 11	10 - 12		12 - 2	1 - 3	2 - 4	
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

REFERENCES

The Senior Connection does conduct reference checks. Please provide three personal references (non-relative) with address and phone number. Providing these references grant The Senior Connection permission to check with these references.

1. Name: _____ Relationship: _____
Address: _____ Telephone: _____
Street _____
City State Zip Code _____ E-Mail: _____

2. Name: _____ Relationship: _____
Address: _____ Telephone: _____
Street _____
City State Zip Code _____ E-Mail: _____

3. Name: _____ Relationship: _____
Address: _____ Telephone: _____
Street _____
City State Zip Code _____ E-Mail: _____

For office use:

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

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.

Printed Name	First _____ MI _____ Last _____	
Date of Birth	Month Day Year	
Gender		
Ethnicity	<u>Self Identified as:</u> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/Not Hispanic <input type="checkbox"/> White/Not Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other <input type="checkbox"/> _____	While this question is optional, it is important to our funders that we have demographic information in order to show that we serve all populations.
Religious Affiliation		This question is optional
Name of congregation/ City and State of congregation		This question is optional. If you wish to be on a congregational volunteer team, please state the name of your congregation. May we report your volunteer hours to your congregation? Yes _____ No _____
Auto Insurance (for driver volunteers)	Please copy the front page of you insurance policy and mail it to us, along with a copy of your driver's license and this application.	As you renew your policy, please send us an update for our files.
Contact in case of emergency	Name: _____ Address: _____ _____ _____	Relationship: _____ _____
Phone Numbers And E-mail Address	(Cell) _____ (H) _____ (W) _____ (if allowable)	E-mail Address: _____ _____