Plainville Council on Aging Volunteer Application

(Please print)

First Name:_____ Last Name:_____

Address:_____

Phone:_____

Date of Birth:_____/_____/_____   (last 6 digits)
SS#:_____

*A CORI Criminal Background Check must be done for each volunteer. Do You accept?*_____

Education:

High School_____ Tech/Vocational_____ College_____ Business School_____ Grad. School_____

Former work/occupation_____

Previous volunteer experience_____

How would you like to volunteer_____

Circle any/all: Receptionist   Yard Work   Cleaning   Kitchen   Parties

Decorating   Newsletter   Mailing   Errands

Circle Volunteer Availability:

Monday   Tuesday   Wednesday   Thursday   Friday

Time of Day:_____

In an Emergency, notify: (please print)

First Name:_____ Last Name:_____

Address:_____

Phone:_____

Signature Volunteer:_____ Date:_____

Signature Staff:_____ Date:_____