



# AGING SERVICES VOLUNTEER INTEREST APPLICATION

~PLEASE PRINT~

## Volunteer Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Alternate phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

## Responsible Adult

*Minors must be accompanied and/or supervised by an adult over the age of 18. Complete this section if you are under the age of 18.*

Aging Services Staff: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Alternate phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Do you have reliable transportation?  Yes  No

Do you have any limitations that might limit the volunteer tasks you can do?  Yes  No  
*\*If "yes", please discuss with your supervisor.*

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Alternate phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Responsible Adult Signature



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Areas of Interest / Expertise (check all that apply)

Internship		Administrative / Clerical
Please describe your proposed activity and indicate your expectation <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		<input type="checkbox"/> Front desk assistance <input type="checkbox"/> Library Services <input type="checkbox"/> Berkeley Paratransit Services
		Kitchen / Dining Room
		<input type="checkbox"/> Coffee Bar <input type="checkbox"/> Lunch Service and/or Clean-up
Special Programs	Class Instruction	Other
<input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Mercy Brown Bag <input type="checkbox"/> Trader Joe's <input type="checkbox"/> Mobile Food Pantry <input type="checkbox"/> Clothing donation program	<input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Computers <input type="checkbox"/> Enrichment <input type="checkbox"/> Exercise & Dance <input type="checkbox"/> Foreign Language <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Music <input type="checkbox"/> Recreation <input type="checkbox"/> Support Group  Description: _____ _____ _____	<input type="checkbox"/> Field Trip Monitor <input type="checkbox"/> Senior center beautification <input type="checkbox"/> Other Include a short description of your proposed volunteer activity: _____ _____ _____ _____ _____
Special Events		
<input type="checkbox"/> Fundraising activities <input type="checkbox"/> Black History Month Celebration <input type="checkbox"/> LGBTQ Day <input type="checkbox"/> Annual Wellness Fair <input type="checkbox"/> Holiday Party		

When are you available?

Day(s)	Time
<input type="checkbox"/> Monday	_____ am / pm to _____ am / pm
<input type="checkbox"/> Tuesday	_____ am / pm to _____ am / pm
<input type="checkbox"/> Wednesday	_____ am / pm to _____ am / pm
<input type="checkbox"/> Thursday	_____ am / pm to _____ am / pm
<input type="checkbox"/> Friday	_____ am / pm to _____ am / pm
<input type="checkbox"/> Saturday / Sunday*	_____ am / pm to _____ am / pm
*Weekend work is rare.	_____ am / pm to _____ am / pm