**Vashon**

**Senior Center Village**

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please include middle initial)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text message: yes/ no Text number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your availability or preference:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

What volunteer opportunities are you interested in? Check all that apply:

\_\_Transportation \_\_Run Errands \_\_Companionship

\_\_Garden/Yard Work \_\_Check-in Calls/Visits \_\_Organizing

\_\_Light housework \_\_Technology Assistance \_\_Manage Bills

\_\_Chopping firewood \_\_Shopping \_\_Office Help for the Village

If you would like to be a BlueBird driver, taking seniors to medical appointments, you will be in your own vehicle and are responsible for providing the Vashon Senior Center your driver license and proof of insurance. We will request a driver’s abstract from the Washington State Department of Licensing.

By signing this application, you grant Vashon Senior Center permission to obtain an electronic background check and if needed a driver’s abstract about you.

Accepted by Senior Center Village: Volunteer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Village Program Manager/Date Signature/Date