

Newton Department of Senior Services Volunteer Application

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip Code: _____

Date of birth: _____ Email Address: _____

How did you hear about volunteer opportunities with Newton Senior Services?

Emergency Contact Information

Name: _____ Relationship: _____

Best Phone Number: _____ Second Phone Number: _____

Previous Work Experience -- Please give a general overview of your previous work experience:

Previous Volunteer Experience -- Please list your previous volunteer experience:

VOLUNTEER OPPORTUNITIES: Listed below are samplings of areas in which volunteers are utilized.

Please indicate any areas which may be of interest.

Senior Center Support: ___ Clerical support ___ Reception Desk ___ On-Call for Parties/Events
___ Store ___ LGBTQ Café ___ Kitchen Assistant ___ Data Entry ___ Customer Service Representative

Other Programs: ___ Friendly Visitor ___ Youth/Schools ___ Hospice ___ Food Pantry
___ SHINE Counselor ___ AARP Tax Aide ___ Nursing Home Ombudsman ___ Parks and Recreation
___ Newton Emergency Support ___ Main Library Shelf Attendant ___ Main Library Gift Cart
___ Swap Shop ___ Book Shed ___ Math tutors ___ Fix-It Clinics ___ Money Manager

Skills or Experience (Please Check All that Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Working with Elders | <input type="checkbox"/> Office Organizing | <input type="checkbox"/> Computer skills (specify) |
| <input type="checkbox"/> Working with Children | <input type="checkbox"/> Library Maintenance | _____ |
| <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Interior Design | _____ |
| <input type="checkbox"/> Research/History | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Languages (Specify) |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Photography | _____ |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Music | <input type="checkbox"/> Instructor (specify) |
| <input type="checkbox"/> Filing/Office Work | <input type="checkbox"/> Handyperson | _____ |
| <input type="checkbox"/> Sports and Recreation | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Other (Specify) |
| | | _____ |

Availability:

What time of day would you prefer to volunteer?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Early Evening |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> No Preference |

What days are you available to volunteer? *(Please check all that apply)*

- | | | |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday/ Sunday |

How often would you like to volunteer? *(Please check all that apply)*

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> 2 -3 times per week | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Once a month | |

In accordance with Mass general laws, all volunteers must complete a CORI background check (criminal) before beginning their volunteer work.

I understand that this form will be kept on file. Your signature represents an interest in our program, not necessarily a commitment on your part. I understand that some of these positions may not be available at this time. I agree to call the Volunteer Coordinator to report when I start a placement.

Signature: _____

Date: _____