

Newton Department of Senior Services Volunteer Application

Name: _____

Cell Phone: _____ Home 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 examples of areas that may need volunteers. Please indicate any areas which may be of interest.

Senior Center Support: ___Administrative Assistant/Clerical support ___NewMo Transportation Assistant
___Data Entry ___Grocery Shopper ___Food Deliverer ___Programming Assistant ___LGBTQ Café Helper
___Customer Service Representative ___Tech Tutor (Computer, Iphone, Ipad, Android) ___Kitchen Assistant

Other Programs: ___Friendly Visitor ___SHINE Counselor ___AARP Tax Aide ___Parks and Recreation
___Food Pantry ___Hospice ___Youth/Schools ___Main Library Book Shelver ___Main Library Gift Cart
___Swap Shop ___Book Shed ___Math Tutors ___Newton Emergency Support ___Meals on Wheels Driver

Skills or Experience *(Please check all that apply):*

Working with Elders Working with Children Food Delivery Office Organizing
 Data Entry Receptionist Filing/Office Work Library Maintenance Retail
 Photography Handyperson Customer Service Audio-Visual Zoom Host
 Research/History Sports and Recreation Class Instructor Outreach/Publicity
 Computer skills (specify)

Languages (specify)

Instructor (specify)

Other (specify)

Do you drive and have a car? _____

Availability:

What time of day are you available to volunteer?

Morning

Afternoon

Evening

What day(s) are you available to volunteer?

(Please check all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Weekends

How often would you like to volunteer?

(Please check all that apply)

One time per week

Two times per week

Three times per week

Every weekday

Twice per month

Flexible/On-Call

Is there an end date to your volunteering because of a prior commitment? If so, what is the end date?

In accordance with Massachusetts general laws, all volunteers must complete a CORI (criminal) background check 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: _____
