

# ELDER CARE SERVICES VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle Initial*

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Month Day Year*

What is your educational level? \_\_\_\_\_

**Required Designation of Beneficiary for Free Accidental Insurance Coverage Provided:**

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

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

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**For Demographic Tracking Only with the Volunteer's Consent**

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Disability: \_\_\_\_\_ (yes/no)

Any Previous Volunteer Experience: \_\_\_\_\_

Current or Former Occupation: \_\_\_\_\_

Do You Drive \_\_\_\_\_ Yes \_\_\_\_\_ No Current Auto Insurance Company: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**Required for Free Excess Automobile Insurance Coverage provided**

**\*\* Failure to provide this information will result in volunteer being classified as a NON-DRIVER and Ineligible for Excess Auto Liability Coverage. \*\***

**Please check appropriate area of interest for volunteer work:**

_____ Meals on Wheels	_____ Tutor/Mentor	_____ Habitat for Humanity	_____ Crime Watch
_____ Entertainment	_____ Office/Clerical	_____ Thrift Store Clerk	_____ Environment
_____ Telephone Reassurance	_____ Food Distribution	_____ Library Services	_____ As Needed
_____ Hospital/Patient Contact	_____ Nursing Home Visits	_____ Special Events	_____ Other

**Days/Times Available:**

Monday \_\_\_\_\_ AM \_\_\_\_\_ PM Tuesday \_\_\_\_\_ AM \_\_\_\_\_ PM Wednesday \_\_\_\_\_ AM \_\_\_\_\_ PM  
Thursday \_\_\_\_\_ AM \_\_\_\_\_ PM Friday \_\_\_\_\_ AM \_\_\_\_\_ PM Seasonal: \_\_\_\_\_ Summer \_\_\_\_\_ Winter  
Evenings \_\_\_\_\_ AM \_\_\_\_\_ PM As Needed, if Available \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_

**Supervisors signature:** \_\_\_\_\_

**For Staff Use Only**

**Volunteer Station Placement:** \_\_\_\_\_

**Schedule: Days:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**RSVP Staff making placement:** \_\_\_\_\_ **Date Process completed:** \_\_\_\_\_