



Senior Connections - Connecting Seniors & Family Caregivers with Essential Services

VOLUNTEER APPLICATION

Volunteer Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: (Day) _____ (Evening) _____

Social Security Number: _____

Hours/Days Available: _____

Type of Volunteer Work Preferred:

Education: _____

Work Experience: Please list previous work and volunteer experience.

Please provide information about your most recent employer or volunteer position:

Employer Name: _____ Contact _____

Address: _____ City _____ State _____ Zip _____

Phone: _____

Why do you want to volunteer with this agency?

Do you speak any foreign languages? If so, which one(s)?

Please list any hobbies or skills you wish to share in your volunteer position.

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Please give the name of two personal references.

Name: _____ Relationship _____
Address: _____ Phone _____

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Address: _____ Phone _____

Are there any health limitations which would preclude you from being able to perform the activities connected to a volunteer position with this program?

Please explain.

*If you are interested in driving clients to medical appointments or delivering **Meals on Wheels**, please read and complete the following:*

1. *Do you own, or have access to, a reliable vehicle?*
2. *Do you have a valid Oregon State driver's license?*
3. *Driver's License Number: _____ State: _____*
4. *Auto Insurance Company: _____ Auto Liability Limits: _____*
5. *Criminal History Checks are required for volunteers (including MOW delivery volunteers) who will have unsupervised contact with vulnerable clients. The conviction of a crime (felony or misdemeanor) will not automatically disqualify a person from volunteering. Each situation will be considered individually. Completed forms are maintained in a confidential manner at Senior & Disabled Services.*

This process may take from 2-6 weeks. The relevant form will be provided to you after your interview with the Senior Connections Program Supervisor or Area Coordinator.

Please print out this form and mail to:

Senior Connections
1015 Willamette Street
Eugene, OR 97401