



**AmeriCorps  
Seniors**

## VOLUNTEER APPLICATION FORM



### CONTACT INFORMATION/ABOUT YOU

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Are you a Veteran:  Yes  No

Yes, I would like to receive monthly e-newsletters and special announcements from CVCOA

### VOLUNTEER INTERESTS Please check all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Companionship/Respite      | <input type="checkbox"/> Errands/Grocery Shopping    | <input type="checkbox"/> Organizing (papers, etc.) |
| <input type="checkbox"/> Transportation             | <input type="checkbox"/> Yard Work/Minor Home Repair | <input type="checkbox"/> Computer Assistance       |
| <input type="checkbox"/> Delivering Meals on Wheels | <input type="checkbox"/> Meal Prep/Mealsite Support  | <input type="checkbox"/> General Office Work       |
| <input type="checkbox"/> Wellness Classes           | <input type="checkbox"/> Friendly Caller             | <input type="checkbox"/> Board Member              |
| <input type="checkbox"/> Creative Aging Activities  | <input type="checkbox"/> Special Events              | <input type="checkbox"/> Other _____               |

### AVAILABILITY

General Availability? Weekdays: AM \_\_\_ PM \_\_\_ Weekends: AM \_\_\_ PM \_\_\_

What length of service opportunities are you interested in?

- One day only     Short-term     Long-term     No Preference

Seasonal resident?  Yes  No    Do you own a car?  Yes  No

Communities you'd like to serve: \_\_\_\_\_

### EXPERIENCE/INTEREST/BACKGROUND

Tell us about your previous volunteer experience: \_\_\_\_\_

Describe your interests, hobbies and skills: \_\_\_\_\_

Is there anything else you'd like to tell us? \_\_\_\_\_