



for office use only

Assignment_____
Date rcvd_____
Start date_____
circle: approved /denied
Delete date_____
Reason_____

VOLUNTEER APPLICATION
(PLEASE PRINT)

Name _____

Address _____

Phone (home) _____

(cell): _____

E-mail _____

Date of Birth _____

Gender: F _____ M _____

**I am interested in supporting
in the following way(s):**

- Meals on Wheels delivery
- Friendly Visitor
- Senior Center activities
- Office Assistance
- Financial/in-kind donation
- Meals on Wheels for Pets
- Pantry To You (Grocery Delivery)
- Volunteer Driver

I have lived in Georgia for _____ years.

Occupation _____ **Employer** _____

Does your employer have a community matching partnership or matching gift program? Yes No

Senior Services North Fulton, Inc. acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____

Relationship _____

Cell phone _____

HAVE YOU DONE VOLUNTEER WORK BEFORE? Yes No

If Yes, please describe your duties _____

OTHER ASSOCIATIONS, NON-PROFIT ORGANIZATIONS I AM ACTIVE IN (optional):

I am available: (Letting us know your availability helps us find volunteer projects that fit your schedule)

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
In a Pinch!					

HOW DID YOU HEAR ABOUT SENIOR SERVICES NORTH FULTON _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are there any misdemeanor or felony charges pending against you? Yes No If yes, please explain: _____

DRIVING INFORMATION

Do you have a valid driver's license? Yes No Driver's License # _____ State _____
Expiration Date _____

Do you have use of a vehicle and would you be willing to use one if your volunteer position require it? Yes No

Do you speak a foreign language? Yes No Language _____

As a reference, please give the names of two (2) persons not related to you, whom you have known for at least one (1) year.

Reference # 1

Name _____
Address _____
Phone _____
Relationship _____
Years known _____

Reference #2

Name _____
Address _____
Phone _____
Relationship _____
Years known _____

I hereby authorize Senior Services North Fulton to contact references listed on my volunteer application as may be necessary to determine my eligibility for the volunteer program.

Signature of Applicant _____ Date _____

ATTENTION: COPY OF DRIVER'S LICENSE REQUIRED WITH ALL APPLICATIONS

My signature below certifies that all statements made on this application are true, complete and correct.

Signature of Applicant _____ Date _____