## ADULT VOLUNTEER APPLICATION Westlake Center for Community Services

The information on this form will help us to find the most satisfying and appropriate volunteer position for you.

| <b>Background Information (</b>                            | please print)        |                  |                   |                 |               |
|--|----------------------|------------------|-------------------|-----------------|---------------|
| Name:  |                      | Nickname:        |                   |                 |               |
| Address:   |                      |                  |                   |                 |               |
| City:  |                      |                  |                   | Zip Code:       |               |
| Daytime Phone:   |                      |                  |                   |                 |               |
| Birthday (Month/Day):                                      |                      |                  |                   |                 |               |
| Do you currently voluntee If yes, where?                   | •                    |                  |                   |                 |               |
| List past volunteer experie                                | nce in the commur    | nity:            |                   |                 |               |
| What health limitations or position?                       | disabilities would y | ou like to mak   | se us aware of in | order to volur  | nteer in this |
| What skills, training, or kno                              | owledge do you wis   | sh to utilize or | share while volui | nteering at the | e Center?     |
| <b>Volunteer Preferences</b><br>What attracted you to volu | unteer at the Cente  | r?               |                   |                 |               |
| When would you prefer to                                   | volunteer?           |                  |                   |                 |               |
| CHECK √ Availability                                       | Monday               | Tuesday          | Wednesday         | Thursday        | Friday        |
| Morning  | ,                    | •                | ,                 |                 | ,             |
| Afternoon  |                      |                  |                   |                 |               |

| ☐ Kitchen Help: Standing/walking up to one hinteracting with older adults | an that apply. These duties may require: nour at a time, table setting, serving/cleaning up food, |
|---|---|
| □ Projects (crafts, decorations, etc.): Cutting                           | and hot gluing  |
| □ Telephone □ Computer  |   |
| ·   | Easter, Thanksgiving, Christmas and Adopt-A-Family-   |
|   | two-three hours, sorting food, packing food   |
| ,   |   |
| References  |   |
| Name:   |   |
| Daytime phone number:   | Relationship:   |
|   |   |
| Name:   |   |
| Daytime phone number:   | Relationship:   |
| For any or to form attend   |   |
| Emergency Information   |   |
| Name:   | Relationship:   |
| Daytime phone number.   | Neiationship  |
|   |   |
| Signature   | <del></del>   |
|   |   |
| Printed Name  |   |
|   |   |
|   |   |
| Date  |   |
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|   |   |
| <br>For office use only:  |   |
| -   | Interviewed on / /  |
| For office use only:  Application received// Applicant:Accepted           | Interviewed on/   |