

Date of Application _____

LONGMEADOW ADULT CENTER VOLUNTEER APPLICATION

Title _____ Preferred Pronouns _____

Name _____
(Last) (First) (Middle)

Home Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Email _____
(Home) (Cell)

Emergency Contact _____
(Name) (Relationship) (Telephone)

Second Contact _____
(Name) (Relationship) (Telephone)

Date of Birth _____ Vehicle Type _____

Personal Reference _____
(Name) (Relationship) (Telephone)

Community Affiliations/Volunteer Experience _____

Anything special we need to know about you (including allergies, medical alerts, etc) _____

Special interests/hobbies/talents _____

Days/Times you are available or **not** available _____

Senior Center roles you are most interested in (circle below):

Café	Activities	Meals on Wheels	Administrative	Food Pantry
Reception	Dining Room	Newsletter Collator	Workshop Leader	Special Events

How did you hear about our Volunteer program _____

Signature _____

For Office Use:

___ CORI
___ Priv & Confid
___ Vol List

___ Lic
___ MSC
___ Handbook Given

Interview Date _____