



# Fitchburg Senior Center

## Volunteer Application

Application Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### **EMPLOYMENT**

Current Employer, if applicable:

Position/Title \_\_\_\_\_

Dates of Employment (starting, ending) \_\_\_\_\_

Company/Employer \_\_\_\_\_

### **SKILLS & EXPERIENCE**

Special training, skills, hobbies, other languages \_\_\_\_\_

Groups, clubs, organizational memberships \_\_\_\_\_

Please describe your prior volunteer experience (include organization names and dates of service)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experiences have you had that may prepare you to work as a volunteer in a Senior Center?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER RELATED INFORMATION**

Please check one or more of the following activities that you would like to help with:

- Decorating Help    Library Assistant    Special Event Helper    Cleaning
- Program Leader (art, music/singing, exercise, writing, computers, languages, etc.)
- Other(s) \_\_\_\_\_

Days/Hours Available

- Monday    Tuesday    Wednesday    Thursday    Friday    Morning    Afternoon
- Short Term    Long Term    Weekly    Monthly    Special Events
- Other (please specify) \_\_\_\_\_

Do you have any physical or medical conditions which should be taken into account when arranging a volunteer assignment? \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

**\*\*\*Please note all volunteers and staff must undergo a CORI (Criminal Records Check).\*\*\***

**Please read the following carefully before signing this application:**

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the application process that is true, correct and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Fitchburg Senior Center or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_