SENIOR CALL PROGRAM
VOLUNTEER APPLICATION

NAME:_____

ADDRESS:_____
(Street, City, State, Zip)

HOME TELEPHONE:_____**CELL PHONE**_____

EMAIL:_____

PREVIOUS WORK OR VOLUNTEER EXPERIENCE:_____

_____

_____

REASON FOR WANTING TO VOLUNTEER:_____

_____

DAYS AVAILABLE TO VOLUNTEER: M T W TH FR (Please circle all that apply)

TIMES AVAILABLE TO VOLUNTEER:_____

_____

PLEASE LIST 3 REFERENCES:

NAME_____**TELEPHONE**_____

ADDRESS_____
(City, State, Zip)

NAME_____**TELEPHONE**_____

ADDRESS_____
(City, State, Zip)

NAME_____**TELEPHONE**_____

ADDRESS_____
(City, State, Zip)

I understand that all information collected or discussed on or with program participants will be considered confidential and will only be disseminated to emergency service providers for the benefit of the participants. I further understand it is my responsibility to inform the Program Coordinator at 890-3883 if I am unable to fulfill my call responsibilities.

_____ _____

Volunteer Signature Date (mm/dd/yyyy

FOR OFFICE USE ONLY

VSP Sex Offender Registry: Date Checked_____ Status_____

_____

References Checked/Status_____

_____

_____