

**CITY OF GLADSTONE (SENIOR CENTER)
VOLUNTEER APPLICATIONS**

(Please print)

Date _____

NAME _____ PHONE(h) _____ (w) _____

ADDRESS _____ CITY _____ ZIP _____

BIRTHDATE _____ / _____ / _____

HEALTH RESTRICTIONS _____

CAR AVAILABLE: Yes ___ No ___ Driver's Lic.# _____ INSURANCE CARRIER _____

PAST/PRESENTVOLUNTEEREXPERIENCE _____

WHY DO YOU WANT TO VOLUNTEER FOR GLADSTONE SENIOR CENTER? _____

HOW DID YOU HEAR ABOUT THE CENTER? _____

DAYS AVAILABLE _____ TIME AVAILABLE _____

CAN YOU COMMIT TO A REGULAR SHIFT FOR AT LEAST 6 MONTHS? Yes ___ No ___

WHAT SPECIAL TALENTS/EXPERTISE/SKILLS WOULD YOU LIKE TO OFFER? _____

Please list two personal references:

1. _____
Name Address Phone

2. _____
Name Address Phone

Emergency Contact: _____
Name Phone

Confidentiality Statement: I recognize, understand, and respect the need and importance of a person's privacy. I will keep confidential all information pertaining to Center program clients.

Signature _____ **Date** _____

COMMENTS