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| Riverhead Recreation Department Volunteer Application: Seniors Helping Seniors | **Z:\Rec.Ashley\Pictures\Town Logos\RecTownSeal.png** |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments? What days of the week work best?

|  |  |  |
| --- | --- | --- |
| Weekday mornings | \_\_\_ Tuesday |  |
| Weekday afternoons | \_\_\_ Wednesday |  |
| Weekday evenings | \_\_\_ Thursday |  |

## Interests

### Please give us a little information about yourself. Tell us in why you are interested in working with older adults. What type of experience have you had with Senior Citizens?

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## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

## By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. It is also our policy to require background checks for all applicants 18+.

|  |  |
| --- | --- |
| Name (printed) |  |
| Applicant’s Signature |  |
| Parent/Guardian Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.