

Application To Volunteer at The Middlefield Senior Center

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_

Availability: \_\_\_\_\_

How many hours would you be able to assist ? 2-4 \_\_\_\_\_ 4-8 \_\_\_\_\_ 8-12 \_\_\_\_\_

Are you able to get to the senior center in bad weather ? Yes \_\_\_ No \_\_\_

Can you volunteer if someone picked you up in bad weather? Yes \_\_\_ No \_\_\_

First Aid/Medical Experience ? Yes \_\_\_ No \_\_\_

CPR Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

Certifications: \_\_\_\_\_

\_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_