

Volunteer Application
Victoria County Senior Citizens Association

Personal Information

Name _____ Email _____
Address _____
City _____ State _____ Zip Code _____
Cell Phone _____ Other Phone: _____

Are you 18 years old or older? ()Yes ()No *Volunteers under age 18 years of age must have a parent/guardian complete the consent section of this application.*

In case of emergency, notify _____
Phone _____ Relationship _____

Occupation and/or Education

Are you presently employed? Y N If yes, where: _____

Address: _____

Occupation: _____

Circle highest grade completed: 6 7 8 9 10 11 12 College Graduate School
(years or degrees completed) _____

Are you currently a student? Y N

Volunteer Interests/Skills

Why do you want to volunteer? _____

What special interests or skills do you have that may help match you with a volunteer position?

Previous volunteer experience/training: _____

Languages spoken other than English? _____

I am interested in () Meals on Wheels Delivery () Meal Packing () Administrative
() Congregate Center Activity () Fundraising/Special Events () Yard Work/Maintenance
() Other _____

When can you start? _____ Please indicate times you are available:
Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___ Thu: ___ to ___ Fri: ___ to ___

Volunteers Considering Driving Related Positions

Driver's License # _____ Expiration Date _____ State _____
Have you been Involved in any motor vehicle accidents while driving in the past 3 years? Y N
Do you have any restrictions on your driver's license at present? Y N
Have you been convicted of any moving violations in the past 5 years? Y N
Please explain any yes answers: _____

Your Insurance Company: _____
Please provide VCSCA with a copy of your auto insurance card.

Reference Information

Please provide personal or professional references (not family members) below:

Check one: ___ Personal ___ Professional (teacher or supervisor)
Name _____ Phone _____

Check one: ___ Personal ___ Professional (teacher or supervisor)
Name _____ Phone _____

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No
If yes, please explain _____

Volunteer Agreement

I affirm that the information that I provided is true and correct to the best of my knowledge. I understand nothing contained in this application, or the policies and rules governing volunteers, is intended to create a volunteer contract between VCSCA and myself for either volunteering or for the providing of any benefit. If a volunteer relationship is established, I understand that I have the right to terminate that relationship at any time, for any reason, and that VCSCA retains the same right.

Signature _____ Date _____

Parent / Guardian Consent (for volunteers under age 18)

I give permission for the above applicant to volunteer at VCSCA. If you need to reach me, my telephone number is _____

Signature of Parent or Guardian