Summit County Community and Senior Center
2016 VOLUNTEER APPLICATION

(Please Print)

Name: _____
First MI Last

Mailing Address: _____
P.O Box Town Zip Code

Email: _____

Home Phone: _____ Other Phone: _____

Date of Birth: _____ Member of SCSC? Yes No

Do you have physical limitations that should be considered in your volunteering? Yes No

If yes, please explain: _____

Do you speak/read/write any foreign language?

- ❑ Yes If so, which and how well? _____
- ❑ No

Do you have a specific skill area that you would like to utilize during your volunteer hours? If so, please explain _____
_____

How did you hear about our volunteer program?

- ❑ Summit County Seniors, Inc.
- ❑ VolunteerMatch.Org
- ❑ Other _____

Please choose as many volunteer interests listed below as you like:

In House:

Community & Senior Center

- ❑ Medical Transportation
- ❑ Programs & Activities
- ❑ Food Gleaning Program
- ❑ Meals on Wheels Home Delivery
- ❑ Kitchen Aide
- ❑ Front Desk & Public Relations
- ❑ Computer Projects/Help Classes
- ❑ Neighbors Helping Neighbors

Large Scale Events:

- ❑ Annual Rummage Sale (July)
- ❑ 50+ Winter Games (February)

Seasonal

- ❑ Snow Shoveling
- ❑ Community Garden

Out of House:

- ❑ Mentoring Children
- ❑ Recycling

Other

- ❑ _____
- ❑ _____
- ❑ _____

I certify that all information in this application is true and complete. I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a volunteer. I agree to comply with a criminal background and/or driving record check. I agree to keep all records and information regarding my volunteering confidential.

I understand that volunteering is a privilege, not a right, and that my placement in a volunteer position is conditional upon successfully completing the application, screening, and training requirements. I also understand that until the application process is complete, I will not be able to participate in volunteer activity.

Signature: _____ **Date:** _____

For Office Use Only

Who Received Application _____
Comments _____

_____

_____

_____

Background Check Needed? Yes No
Verified Volunteers Invite Sent Date:_____
Background Check Completed Date: _____

Referred to:

_____

_____

_____

_____

Follow Up Notes:

_____

_____

_____

_____