

## **VOLUNTEER LOCATION**

Coos: \_\_\_\_\_

## **DESIRED VOLUNTEER PROGRAM(S)**

\_\_\_\_\_ **Bone Builders:** An exercise program that addresses osteoporosis by increasing muscular strength, improving balance, and strengthening bones.

\_\_\_\_\_ **Handy Helpers:** Help other seniors with various tasks ranging from running daily errands and attending appointments (non-medical), to fixing things around the house, etc.

\_\_\_\_\_ **One-To-One Friendly Visits:** Volunteers visit a client's home at a designated time each week to reminisce, play games, talk, go for short walks, etc.

\_\_\_\_\_ **One-To-One Friendly Phone Calls:** Volunteers call a client at a designated time each week to check in on them, share recent headlines and community events, etc.

\_\_\_\_\_ **Other**

## **VOLUNTEER'S INFORMATION**

Date:

Full Name:

Parent / Guardian's Name (If Under 18):

Street Address:

City, State, Zip:

Telephone:

Email Address:

Education, Academic Major, Special Training or Skills:

Current / Past Occupation:

Current / Past Volunteer Experience (list most recent position first):

What attracted you to this volunteer program? Is there an aspect within the program that motivates you to be a part of this program?

What would you like to get out of your volunteer experience/internship? What would make you feel like you have been successful?

What have you enjoyed most about your previous volunteer position(s)?

Describe your ideal supervisor. What sort of supervisory style do you prefer to work?

Have you served in the armed services? \_\_\_\_ Yes \_\_\_\_ No

Are You Required To Volunteer? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Please Explain:

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged. \_\_\_\_ Yes \_\_\_\_ No

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

## **REFERENCES**

List two people, OTHER THAN relatives, who would be willing to serve a personal reference and can speak to your character and suitability for volunteering.

### **Reference #1:**

Full Name:

Relationship:

Telephone:

Email:

**Reference # 2**

Full Name:

Relationship:

Telephone:

Email:

**Emergency Contact**

Full Name:

Relationship:

Address:

Phone:

**Statement of Understanding**

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information. Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

**Applicant's Signature:****Date:****Parental / Guardian Signature If Under 18:****Date:**

Please submit volunteer applications to: [RSVP@tccap.org](mailto:RSVP@tccap.org)  
If you have any questions, please contact: 603-752-4103 or [RSVP@tccap.org](mailto:RSVP@tccap.org)