

**TOWN OF MARBLEHEAD
COUNCIL ON AGING**

Volunteer Application

Date: _____

I. **PERSONAL INFORMATION**

Name: _____

Address: _____

Phone: (Day) _____ (Evening) _____

Date of Birth: _____

Emergency Contact Person Name: _____

Relationship: _____

Phone Number: _____

II. **EDUCATION/EXPERIENCE**

Years of education/ degrees: _____

Current occupation: _____

Prior occupation: _____

Have you been a volunteer before? _____ If yes, please indicate where
you volunteered and what you did as a volunteer:

Do you have any specific skills, interest, training, etc. ? _____
If yes, please indicate what areas they are in:

Please indicate any languages you speak besides English: _____

III. AVAILABILITY/INTERESTS

Do you have a preference for a particular type of volunteer position?

Please indicate days of week and hours you would be available:

Do you have any physical and/or medical conditions that we should take into account in arranging a volunteer assignment for you? (Please describe)

What kind of transportation do you have? _____

How did you learn about the Council on Aging? _____

Please indicate any other information you feel we should know:

IV. REFERENCES

(Please include one personal and one work or volunteer reference, if possible.)

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Relationship: _____