



Adopt-A-Senior Volunteer Application

Applicants Name: _____

Address: _____

Phone: _____

Email address: _____

Personal Reference:

Name: _____

Address: _____

Phone: _____

Email address: _____

Are you over the age of 18?

Yes

No

Please check all Volunteer Companion activities of interest:

Weekly/Bi-weekly Visits

Light Yard/Patio Maintenance

Birthday Celebrations

Light Essential Grocery Shopping

Pharmacy Prescriptions Pick-up

Technology Assistance

Light Home Mainenance

Supporting Holiday Traditions

Please share any special skills /education/experience that will be useful in severing as a Adopt-A-Senior Volunteer:

Please describe any training or formal education you have had that may assist you in Volunteering for the Adopt-A-Senior Program:

Please list interest (reading, drawing, knitting, golf ,history, etc): _____

What is your preferred form of communication?

Telephone Call

Text Message

E-mail



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Are you comfortable with Pets?

Yes

No

Please check the days you are available to Volunteer for Adopt-A-Senior:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Please list any Volunteer time preferences or requirements : _____

Please indicate how often you would like to Volunteer for Adopt-A-Senior?

Daily

Twice a Week

Once a Week

Other

I fully understand, acknowledge, and agree to the following: The Adopt-A-Senior program is under no obligation to accept all interested Volunteers. Any or all of the following may be required before placement in the Volunteer Adopt-A-Senior Program. (A) Background Investigation and Clearance (B) MVD Check.

All Statements made on this application are true and authorization is given to investigate all matters contained in this application. Any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

Printed Name of Applicant

Signature of Applicant

Please return Adopt-A-Senior Application to:
Kim Wickland, Volunteer Coordinator
13001 N. La Montana Drive, Fountain Hill's, AZ, 85268

Office Use Only:
Application Date: _____ Application # _____
Interview Date: _____ Date Assigned to Companion: _____
Assigned Volunteer's Name: _____ Date Waiver Signed: _____
Background Clearance# _____ Background Clearance Date: _____