

**MARSHFIELD COUNCIL ON AGING
VOLUNTEER APPLICATION**

Mission Statement: The Council on Aging is a human service agency. Its mission is to provide And coordinate services to the senior community of Marshfield, assisting them to live within the community with dignity and to enhance their quality of life. To accomplish this, the challenge is twofold; to identify the needs of Marshfield's senior community and implement programs and services to meet these needs by encouraging self-reliance, good health, and Community involvement. As advocates, we increase citizen's awareness of and support for our efforts to meet these challenges.

**FOR STAFF USE ONLY:
CORI COMPLETED & APPROVED / /
ASSIGNED _____**

DATE _____

NAME _____ **DATE OF BIRTH** _____

ADDRESS _____ **PHONE** _____

TOWN _____ **ZIP** _____ **FAX #** _____ **E-Mail** _____

EMERGENCY CONTACT _____ **PHONE** _____

HOW DID YOU HEAR ABOUT US? _____

HOW MUCH TIME CAN YOU GIVE? _____

DAYS AVAILABLE _____

HOURS AVAILABLE _____

DO YOU HAVE A CAR FOR VOLUNTEER WORK? _____

DRIVER'S LICENSE # _____ **EXPIRATION DATE** _____

INTERESTS/HOBBIES _____

WORK/VOLUNTEER EXPERIENCE

1. _____

2. _____

3. _____

4. _____

ARE YOU INTERESTED IN? (CHECK ANY THAT APPLY)

- WORKING WITH CLIENTS ONE-ON-ONE; FRIENDLY VISITING**
- NUTRITION SITE VOLUNTEER – SERVING LUNCH TO SENIORS**
- MEALS ON WHEELS VOLUNTEER DRIVER**
- MEDICAL TRANSPORTATION VOLUNTEER**
- FOOD SHOPPING ASSISTANCE VOLUNTEER**
- COUNCIL ON AGING NEWSLETTER ASSISTANCE & DISTRIBUTION**
- ESCORT ON THE SENIOR BUS**
- DRIVING DIALYSIS PATIENTS**
- INCOME TAX PREPARATION**
- RECEPTIONIST / GREETER**
- TEACHING A CLASS, OFFERING A SPECIAL SKILL OR CRAFT**
- DATA ENTRY**

ADDITIONAL COMMENTS: _____

_____(Initials) **As an applicant for volunteer employment, I hereby acknowledge that if I am a finalist for volunteer employment; the Marshfield Council on Aging will review My information and complete a Criminal Offense Record on me.**

SIGNATURE _____ **DATE** _____

VOLUNTEER COORDINATOR _____

VOLUNTEER APPLICATIONS CAN BE MAILED OR BROUGHT IN TO THE COUNCIL ON AGING @ 1 LIBRARY PLAZA, MARSHFIELD, MA 02050 (OPEN MON. – FRI. 8:30 TO 4:30)