



Senior Services of Northern Kentucky

Dedicated to the dignity, vitality and independence of older adults

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Volunteer Information Form

CONTACT INFORMATION

Today's Date: _____

Name: _____ Phone Home: _____ Business: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____-_____-_____

E-mail Address: _____

Skills, Trainings, Education and Interests: _____

Current or Previous Occupation and Employer: _____

Previous and/or Present Volunteer Experience: _____

Do you have any physical condition(s) that should be taken into consideration in arranging volunteer assignments for you? _____

In case of an emergency, please notify:

Name: _____ Relationship: _____ Phone: _____

AREAS OF INTEREST

Volunteer work in which you are interested:

- | | | |
|-----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> One-Time Projects | <input type="checkbox"/> Friendly Visitor | <input type="checkbox"/> Friendly Caller |
| <input type="checkbox"/> Public Relations Assistant | <input type="checkbox"/> Client Relations Assistant | <input type="checkbox"/> Volunteer Coordinator Assistant |
| <input type="checkbox"/> Ombudsman | <input type="checkbox"/> Escort Transportation | <input type="checkbox"/> Senior Center Assistant |

Are there any other volunteer opportunities you are interested in that are not currently listed? _____

What social networking sites do you belong to (Facebook, MySpace, Twitter, LinkedIn, etc.)?

How often do you check your e-mail? Never Monthly Weekly Daily

How do you prefer to be contacted? E-mail Phone call

* To help us cut postage costs, may we send you an electronic version of our Volunteer Newsletter through e-mail?

- Yes, I would like to receive the electronic Volunteer Newsletter
 No, I prefer to receive the Volunteer Newsletter through the mail

AVAILABILITY

Are you a year-round resident? Yes No

If not, during what months do you live here? From: _____ To: _____

Do you have access to an automobile for volunteer work? Yes No

Do you have automobile insurance? Yes No

Do you own a pick-up truck to help with donation pick-ups? Yes No

Do you prefer to volunteer on a consistent basis? Yes No

Do you have a preference as to where you do volunteer work? _____

How did you learn about our volunteer program? _____

Please indicate your preferred days and times to volunteer below.

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm

COMMENTS

We are constantly looking for feedback and suggestions on how to make our volunteer program better. If you have any questions or comments, please let us know.
