

To apply to volunteer for Meals on Wheels, Friendly Visitor, and Office Assistance, please print the Volunteer Application and the CORI Request form on this website. Complete both with your signature, and send to: J. Hodgdon, Volunteer Coordinator, South Shore Elder Services, Inc., 1515 Washington St., Braintree, MA 02184. A copy of your driver's license must be included.

Note: For Money Management and Ombudsman Programs, please print and send separate applications. CORI Request and copy of driver's license also required. -

## SOUTH SHORE ELDER SERVICES VOLUNTEER APPLICATION

<b>Contact Information</b>	
Name:	
Street Address:	
City, State, Zip:	
Home Phone:	Cell:
Work Phone:	
E-Mail Address:	
MA Resident since: _____ yr Former Residence: _____	
<b>Interests</b>	
<b>Tell us in which areas you are interested in volunteering:</b>	
<input type="checkbox"/> <b>Friendly Visitor</b> <input type="checkbox"/> <b>Meals on Wheels Driver</b> <input type="checkbox"/> <b>Meal Site Assistant (kitchen help)</b> <input type="checkbox"/> <b>Meals on Wheels Delivery Helper (no driving)</b> <input type="checkbox"/> <b>Office Assistance</b>	
<b>Biographical Information</b>	
1). Are you currently employed? Y____ N____ Full time____ Part time____ Retired____	
Employer Name:	
Address:	
Phone:	
2). Are you volunteering as part of your employer's or school's community volunteer program? Y____ N____	
3). How did you hear about South Shore Elder Services and our volunteer opportunities? Friend/Family____ Radio/TV____ Internet (site)____ Newspaper (name of)____ Poster/Brochure____ Church Bulletin____ Other_____	
4). Do you speak a foreign language? If so, please list: _____	
5). Do you have any limitations that may hinder you while performing your volunteer duties? Y____ N____ Please explain: _____	

## Biographical Information, continued;

6). Have you ever done volunteer work before? Y\_\_\_\_ N\_\_\_\_ If yes, would you like to tell us what experience you have had?

\_\_\_\_\_

\_\_\_\_\_

7). Please list two non-family references (employer, co-worker, friends, etc.)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

8). Do you have a valid Driver's License and Automobile Insurance? Y\_\_\_\_ N\_\_\_\_

9). Person to notify in case of an Emergency:

Name:

Phone:

## Availability

During which hours are you available for volunteer assignments? (please check all that apply)

Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## Special Skills or Qualifications

Do you have any special skills or qualifications that you have acquired from employment, previous volunteer work, or through other activities that you may want to share with our agency?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

Signature

Date

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

