

NORTHAMPTON
Senior Services



67 Conz Street
 Northampton, MA 01060
Director: Marie Westburg
Assistant Director: Janet Yurko

Volunteer Application

Name

first

middle

last

Address

street

town/city

zip

Date of Birth: _____ Phone: _____

Email: _____

Mobile () _____ - _____ Please indicate best contact method (s_____

Help us to get to know you. Please give a brief description of your life experiences. Include paid and unpaid work, certifications, special licensure, as well as hobbies, service clubs and other activities.

Also please explain any special accommodations you would require while working.

Please indicate the times and days you are available:

| | From | To | | From | To |
|-----------|-------|-------|----------|-------|-------|
| Monday | _____ | _____ | Thursday | _____ | _____ |
| Tuesday | _____ | _____ | Friday | _____ | _____ |
| Wednesday | _____ | _____ | Weekends | _____ | _____ |

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Please check the type(s) of volunteer roles you would like to know more about:

- | | | | | |
|---------------------------|--------------------------|------------------------|--------------------------|--|
| Administrative | <input type="checkbox"/> | Data entry | <input type="checkbox"/> | Research |
| Events | <input type="checkbox"/> | Organizing | <input type="checkbox"/> | Day of <input type="checkbox"/> Decorating |
| Food Services | <input type="checkbox"/> | Food Prep | <input type="checkbox"/> | Server <input type="checkbox"/> Cashier |
| Greeter/ MSC Sign-in help | <input type="checkbox"/> | Orientation/Tours | <input type="checkbox"/> | Buddy <input type="checkbox"/> |
| Transportation | <input type="checkbox"/> | Medical Driver | <input type="checkbox"/> | Carpool Driver <input type="checkbox"/> Shopping Buddy |
| Development | <input type="checkbox"/> | Grant Writing | <input type="checkbox"/> | Elder Vision Fundraising |
| Reception | <input type="checkbox"/> | Information & Referral | <input type="checkbox"/> | Gen Info <input type="checkbox"/> Dispatch |
| Activities/Programs | <input type="checkbox"/> | Instructor | <input type="checkbox"/> | Presenter <input type="checkbox"/> Peer Leader |

Please indicate your topics of expertise:

Computer: Please describe your computer skills (for example, what software programs do you know, and/or willingness to teach seniors about any specific topic.) Please be aware that the volunteer coordinator communicates with volunteers via email.

Other volunteer roles not listed above *(please explain):*

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References (please give one non-family and one work reference):

Name: _____ Relationship: _____

Address: _____ Phone: () _____ - _____

Name: _____ Relationship _____

Address: _____ Phone: () _____ - _____

The information I have provided is accurate. I understand submitting an application does not guarantee volunteer placement and that CORI checks are performed as required by Massachusetts law.

_____ Date_____

Your Signature