

Please fill out this form. Save it to your computer. Then attach the saved form to an email to rblanton@maconnnc.org

The Crawford Senior Center
Volunteer Candidate Information

Name: _____

Address: _____

Telephone _____

Please list any previous volunteer experience:

Please list days and hours available to volunteer:

Emergency Contact:

Name: _____ Relationship _____ Telephone _____

Name: _____ Relationship _____ Telephone _____

Check the program you are interested in volunteering:

Adult Daycare

SHIP

Home Delivered Meals

Resource Center

Clerical/Answering Phone

Congregate Meals/Kitchen

Committee

Professional and Personal References: (optional)

Name _____ Relationship _____

Address _____

Telephone _____ Years known _____

Name _____ Relationship _____

Address _____

Telephone _____ Years known _____

Name _____ Relationship _____

Address _____

Telephone _____ Years known _____

I authorize the Crawford Senior Center to make inquiries into my professional and personal references, if provided, and perform a background investigation. I understand that completion of this application does not indicate whether there are any positions currently open and it does not obligate the Crawford Senior Center to extend association on a voluntary basis. I understand that my file will remain confidential.

Applicant Signature

Date

If under 18, Parent or Guardian Signature