



Homer Senior Citizens, Inc.

Volunteer Application And Eligibility Form

Name (Typed or Printed)

Signature

Date

Birthdate:

Phone:

Years of School Completed _____

Previous Occupations _____

Physical Condition: Excellent- Good- Fair- Poor-

Please Explain: _____

Contact in case of Emergency:

Name: _____

Address: _____

Phone #: _____

Relationship: _____

Physician:

Name _____

Telephone Number: _____

Explain why you want to be a Volunteer _____

Do you have your own means of transportation? Yes No

If not, what kind of transportation do you plan to use? _____

List Memberships in Clubs And Organizations: _____

List Hobbies and Special Skills: _____

Language(s) Spoken _____

Willing To Serve: Mornings- Afternoons- Evenings- Saturdays- Sundays-

Check any week day you are unable to serve: Mon- Tues- Wed- Thurs- Fri-

Do you have any criminal convictions (Other than parking violations and juvenile offenses)?
Yes- No- If yes, please describe _____

Do you consent to arranging for a criminal history check in accordance with the Federal requirements
for volunteering at Homer Senior Citizens, Inc.?
Yes- No-

Please list two character references (not relatives)

	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____