Chelsea Senior Center Volunteer Application

Thank you for donating your time to support the Chelsea Senior Center! Please print the requested information in the spaces provided below.



Date of application:		Dat	t:							
Last Name First		First	Middle		Email					
Address (Street, City, State, Zip)				Phone	Alternate Phone					
Are you a Veteran?			Date of Birth							
	Yes									
	No									
	you ever been									
	Yes (Explain)									
	No	! -4!!11		1. 11. 14	. h din a abb a da arabanda an					
			not necessarily nature of offens	-	i being able to volunteer.					
n yes,	please list date	e, prace and	nature or oriens							
Are th	ere any felony	charges pre	sently pending	against you?	Phone Alternate Phone Date of Birth rohibit you from being able to volunteer. ainst you? cleaning, hobbies, filing paperwork bulbs, test smoke alarms eding planting, cleaning patio cins, friendly visits					
			• • •	•						
	No									
What	are vour intere	sts or talents	s that you would	l like to use as a ve	olunteer?					
vv nat	are your intere	sts of talents	that you would	Time to use us u v	ordineer.					
What	are you interes	ted in doing	as a volunteer?							
		_			es, filing paperwork					
	Home maintenance such as changing light bulbs, test smoke alarms									
	Pet care such	as dog walk	king, vet visits,	feeding						
	Yard work su	ich as raking	g, sweeping, ligh	nt planting, cleanin	ng patio					
	Run errands,	delivery, pic	ekup							
	_		h as phone chec	k-ins, friendly vis	sits					
	Meals on Wh									
		_	s, phones, and c	computers						
	Office help a									
	Front desk at									
	Activities at s			ı·	1 6 6					
	Transportatio	n: *Please p	rovide driver's	license number an	nd proof of insurance*					

How of	ten would you li	ike to volunteer?								
What d	ays of the week	are you available to volu	ınteer?		_					
How m	any hours per da	ny can you volunteer?								
Please §	give the names of	of three persons, not rela	References ted to you, who	m you have knov	vn over a ye	ear.				
	Name	Address	Telephone	Occupation	Years Known					
	without qualific a volunteer if it	Signature (recansive answers and information at its discovers that I have present or on any other do	the Chelsea Ser ovided incompl	in this application in Center has the tee, untrue, or m	ne right to t isleading ar	erminate my work answers or information				
	application and limited to, a cri organizations, e	to make any investigation minal history and driving ducational institutions,	e the Chelsea Senior Center to verify the answers and information given by me in this make any investigation of my background deemed necessary. This includes, but is not inal history and driving record check. I authorize former employers, law enforcement ucational institutions, and any other third party contacted by the Senior Center to elsea Senior Center any information they have regarding me without providing written							
	As a volunteer for the Chelsea Senior Center, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of the department as they are from time-to-time changed, with or without notice to me.									
	I understand that information of a confidential or privileged nature may be overheard on conveyed to me as a volunteer at the Chelsea Senior Center. I will not at any time disclose to any parties information that may be considered confidential or privileged.									
Applica	ant's Signature _			Date						