

**Chelsea Community Senior Services (C2S2)
Volunteer Application for Chelsea and Surrounding
Communities**



Thank you for donating your time to support your local seniors! Please print the requested information in the spaces provided below.

Date of application: _____ Date available to start: _____

Last Name First Middle Email

Address (Street, City, State, Zip) Phone Alternate Phone

Township County

Are you a Veteran? Date of Birth _____

- Yes
- No

Have you ever been convicted of a crime or have charges currently pending?

- Yes (Explain) _____
- No

Note: A criminal conviction will not necessarily prohibit you from being able to volunteer. If yes, please list date, place and nature of offense.

In which community/communities would you like to volunteer: (Please circle all that apply)

Chelsea Dexter Grass Lake Manchester Stockbridge

What are you interested in doing as a volunteer?

- Simple home maintenance such as changing light bulbs, testing smoke alarms
- Yard work such as raking, sweeping, light planting, cleaning patio
- Run errands, delivery, pickup
- Providing connection such as phone check-ins, friendly visits
- Meals on Wheels: drivers or kitchen help
- Electronics including TVs, phones, and computers
- Office help at senior center or resource center Location preferred: _____
- Activities at senior center or resource center Location preferred: _____
- Front desk at Chelsea Senior Center
- Transportation:
 - to store/short errands
 - medical appointments
 - Able to drive to Ann Arbor, Jackson, Lansing

Please provide driver's license number and proof of insurance

What are your interests or talents that you would like to use as a volunteer?

How often would you like to volunteer? _____

What days of the week are you available to volunteer? _____

How many hours per day can you volunteer? _____

References

Please give the names of three persons, not related to you, whom you have known over a year.

Name	Address	Telephone	Occupation	Years Known

Signature (read carefully before signing)

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the Chelsea Senior Center has the right to terminate my work as a volunteer if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my time as a volunteer.
- I hereby authorize the Chelsea Senior Center to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. This includes, but is not limited to, a criminal history and driving record check. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the Senior Center to release to the Chelsea Senior Center any information they have regarding me without providing written notice to me.
- 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 or 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.

Applicant's Signature _____

Date _____

*Applications can be turned in to Mackenzie Pfeiffer at 512 Washington St., Chelsea, MI or emailed to mpfeiffer@chelseaseniors.org. For more information, call 734-475-9242.