

## Aging Care Connections Volunteer Application

Thank you for your interest in becoming a volunteer at Aging Care Connections. In order for us to best utilize your skills and interests, we ask that you complete this form. All information is **confidential**.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PRESENT WORKING STATUS: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Retired

TIMES AVAILABLE: \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Both

| PREVIOUS WORK EXPERIENCES | DATES | TYPE OF WORK |
|---------------------------|-------|--------------|
| _____                     | _____ | _____        |
| _____                     | _____ | _____        |

OTHER INTERESTS, ACTIVITIES, ORGANIZATIONS: \_\_\_\_\_

SPECIAL TALENTS, OFFICE SKILLS: \_\_\_\_\_

FOREIGN LANGUAGES SPOKEN: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS PROGRAM? \_\_\_\_\_

ARE YOU COMFORTABLE WORKING WITH OLDER ADULTS? \_\_\_\_\_

WHICH OF THE FOLLOWING TYPES OF VOLUNTEERING INTEREST YOU?

- |   |  |
|---|--|
| <input type="checkbox"/> Fundraising Events                   | <input type="checkbox"/> Front Desk Receptionist |
| <input type="checkbox"/> Telephone Receptionist               | <input type="checkbox"/> Red Tape Cutter Program |
| <input type="checkbox"/> Data Entry                           |  |
| <input type="checkbox"/> Participate in the Women's Auxiliary |  |
| <input type="checkbox"/> Clerical Worker                      |  |

PLEASE GIVE THE NAMES OF 2 PEOPLE (NOT RELATIVES) FOR REFERENCES:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

The information that I have furnished on this application is true and complete to the best of my knowledge. Aging Care Connections has my permission to check my references.

I understand that all the work done for Aging Care Connections is confidential in nature and that volunteer services are performed without compensation.

Signature: \_\_\_\_\_

***Thank you!!***

Date: \_\_\_\_\_

Please return this form to:

Aging Care Connections  
111 W. Harris Avenue  
LaGrange, IL 60525  
Phone: 708-354-1323  
Fax: 708-354-0282