



# Durham Center for Senior Life Volunteer Application

## PERSONAL INFORMATION

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First	Last	Middle Int.
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Street	City	State	Zip
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Daytime Phone	Email Address	Date of Birth
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Preferred contact method: Phone  Email

Emergency Contact:

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Name	Phone Number	Relationship
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## AREAS OF INTEREST

Why do you want to volunteer at the Durham Center for Senior Life?

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Do you have any experience volunteering with older adults? Yes  No

Please describe previous/current volunteer experience.

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Does this volunteer work relate to a college course/internship? Yes  No

If you answered Yes, please describe the requirements.

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## Durham Center for Senior Life Volunteer Application

**I WOULD LIKE TO HELP IN THE BELOW ACTIVITIES:** (please select all that apply)

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|--|--|
| <input type="checkbox"/> Telephone Reassurance – make calls from DCSL to homebound seniors<br><br><input type="checkbox"/> Senior advisory Board – help plan and organize events<br><br><input type="checkbox"/> Exercise Instructor – lead exercise classes<br><br><input type="checkbox"/> Adult Day Health – socialize and help with participants during activities | <input type="checkbox"/> Special Events – assist with one time projects, holiday parties, etc.<br><br><input type="checkbox"/> Senior Grocery Bag Program – load food bags to be provided to qualifying seniors in the community<br><br><input type="checkbox"/> Greeter – welcome guests and participants<br><br><input type="checkbox"/> Congregate Services – assist satellite center manager with activities and serving lunch |
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**I AM AVAILABLE DURING THESE DAYS AND TIMES AND FREQUENCY:** (select all that apply)

- Monday    Tuesday    Wednesday    Thursday    Friday  
 8:30am – 11:30am    12:00pm – 3:00pm    3:00pm – 5:00pm  
 Weekly    Semiweekly    Monthly    Other \_\_\_\_\_

**REFERENCES:** (People that you have known for two or more years)

1. \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

By signing this application, I attest that the information on this application is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Return completed application to:   Durham Center for Senior Life  
   406 Rigsbee Ave. Suite 202  
   Durham, NC 27701

<b>Office Use</b>		
<input type="checkbox"/> Orientation Completed _____	<input type="checkbox"/> Volunteer in My Senior Center	<input type="checkbox"/> Assigned Tasks: _____
<input type="checkbox"/> Confidentiality Agreement	<input type="checkbox"/> Swipe Card Assigned/Updated	_____

