



888 Washington Boulevard
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stamfordseniorcenter@stamfordct.gov

Volunteer Application

Personal Data

Date _____

Name _____

Address _____ Phone (Home) _____

City, State, Zip _____ (Cell) _____

Date of Birth _____ Best time to call _____

E-mail _____

Work Experience

Employment Experience _____

Volunteer Experience _____ Retired? _____

Skills & Interests

Specific skills or interest you may have such as:

Languages spoken _____

Teaching _____

Health & Nutrition _____

Trades (mechanical, construction, electronics, other) _____

Business/Clerical _____

Legal _____

Other _____

Specific interests & hobbies _____

Personal Information

Physical limitations _____

Preferred volunteer assignments _____

Experience working with seniors? _____

Why would you like to volunteer? _____

Would you like to receive our newsletter? _____

What type of work situation do you enjoy most? _____

Are there any volunteer positions that you prefer not to be in? _____

Valid drivers license and insurance certification? _____

Availability

What length of time are you available to volunteer?

Short term (Less than three months) _____

Long term (more than three months) _____

Summer _____

Specific project _____

Other _____

Preferences

What type of work do you enjoy most?

Group _____

By self _____

One on one _____

Supervising _____

No preference _____

In the space below, please provide us with any additional information that you feel may be pertinent.
