

## Meet Friends, Share Experiences, Stay Active

## **VOLUNTEER APPLICATION**

## **CONTACT INFORMATION:**

Name:			Date
Home Address			
Phone Number:		Email Address:	
Date of Birth:			
EMERGENCY CON	NTACT INFOR	RMATION:	
Name: Phone:			
WHAT IS YOUR A	VAILABILITY	TO VOLUNTEER: (Day and	l Time)
Monday:	_ Tuesday:	Wednesday:	Thursday:
Friday:	Saturday:	What day can you st	art?
IN WHICH AREAS	WOULD YOU	LIKE TO WORK (More than	n one can apply)
Office	_ Kitchen	Under Ground Thrift Store	Bingo
Special Events	Comm	nittees Janitorial	_ Other
·	victed of a felony	7?YesNo (Conviction w	ill not necessarily disqualify an applicant)
given for any investig application may result application to relay in	nined in this applation that may be in dismissal for formation they rege that may resu	e necessary. I understand that me any volunteer job consideration may have regarding my charactealt from furnishing such evaluation.	my knowledge and permission is hereby hisleading or untruthful information on this n. I authorize any references listed in this er. I release all such references from any ons to you and I waive any right that I
APPLICANTS SIGNATURE:		D	ATE:
Thank you for your in		ng a Missoula Senior Center Vo	plunteer. Once you have completed this

Thank you for your interest in becoming a Missoula Senior Center Volunteer. Once you have completed this application, and a background check, our Volunteer Coordinator will schedule an interview and volunteer orientation with you. We could not function without volunteers and appreciate your time and dedication to the aging community and to Missoula.