Summit County Community and Senior Center
VOLUNTEER APPLICATION

(Please Print)

Name: _____
First MI Last

Mailing Address: _____
P.O Box Town Zip Code

Email: _____

Home Phone: _____ Other Phone: _____

Date of Birth: _____ Member of SCSC? Yes _____ No _____

Do you have physical limitations that should be considered in your volunteering? _____

If yes, please explain: _____

Do you speak/read/write any foreign language?

- ❑ Yes If so, which and how well? _____
- ❑ No

Do you have a specific skill area that you would like to utilize during your volunteer hours? If so, please explain _____
_____

How did you hear about our volunteer program?

- ❑ Summit County Seniors, Inc.
- ❑ Meals on Wheels Association of America
- ❑ Other _____

Please choose as many volunteer interests listed below as you like:

Children
- ❑ Mentoring
- ❑ Reading
- ❑ Court Advocate

Health
- ❑ Disabilities Program
- ❑ Non-medical Respite Care
- ❑ Hospital Support Services

Community Development
- ❑ Community Events
- ❑ Thrift Store

Environment/Animal Welfare
- ❑ Wildlife/Land Protection
- ❑ Recycling
- ❑ Animals

Public Safety
- ❑ Disaster Preparedness
- ❑ Emergency/Safety Support

Arts & Culture
- ❑ Historical Society
- ❑ Theatre

Community & Senior Center
- ❑ Medical Transportation
- ❑ Food Gleaning Program
- ❑ Meals on Wheels Home Delivery
- ❑ Kitchen Aide
- ❑ Front Desk Aide
- ❑ Clerical/Computer Projects
- ❑ Computer Help/Classes

Other
- ❑ Sewing

I certify that all information in this application is true and complete. I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a volunteer. I agree to comply with a criminal background and/or driving record check, if required by my volunteer site.

I understand that volunteering is a privilege, not a right, and that my placement in a volunteer position is conditional upon successfully completing the application, screening, and training requirements. I also understand that until the application process is complete, I will not be able to participate in volunteer activity.

Signature: _____ **Date:** _____