



**BEAVER DAM**  
Community Activities  
& Services Department

## **VOLUNTEER APPLICATION** **for Active Older Adult Programs**

### **PERSONAL INFORMATION**

**Name** (first & last): \_\_\_\_\_

**Gender:**  Male  Female

**Address** (street, city, zip): \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employment Status:**  Retired  Employed Part-Time  Employed Full-Time  Student

**Are you currently a volunteer in the community?**  No  Yes: Where? \_\_\_\_\_

**What type of transportation do you have?**  My own vehicle  Taxi  Other \_\_\_\_\_

**Why are you interested in volunteering?** \_\_\_\_\_

**How did you hear about us?**

Friend/Relative  Newspaper/Radio  City Website  Newsletter  Other \_\_\_\_\_

### **EXPERIENCE, TRAINING & AFFILIATIONS**

**Current or previous work experience/occupation:** \_\_\_\_\_

**What areas do you have experience or training in?**

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Advertising      | <input type="checkbox"/> Fund Raising      | <input type="checkbox"/> Musical          | <input type="checkbox"/> Technology   |
| <input type="checkbox"/> Advocacy         | <input type="checkbox"/> Gardening         | <input type="checkbox"/> Office Skills    | <input type="checkbox"/> Visual Arts  |
| <input type="checkbox"/> Arts/Crafts      | <input type="checkbox"/> Graphic Design    | <input type="checkbox"/> Public Speaking  | <input type="checkbox"/> Welcome Desk |
| <input type="checkbox"/> Dance/Theatre    | <input type="checkbox"/> Health Services   | <input type="checkbox"/> Photography      | <input type="checkbox"/> Woodshop     |
| <input type="checkbox"/> Fitness/Exercise | <input type="checkbox"/> Hospitality       | <input type="checkbox"/> Sales/Purchasing | <input type="checkbox"/> Writing      |
| <input type="checkbox"/> Food Service     | <input type="checkbox"/> Literature/Poetry | <input type="checkbox"/> Science          | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Management        | <input type="checkbox"/> Sewing/Quilting  | _____                                 |

**Clubs/Organizational Affiliations:** \_\_\_\_\_

**Volunteer Experience:** \_\_\_\_\_

## VOLUNTEER OPPORTUNITIES

Select the volunteer categories you are interested in.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Arts/Crafts Instructor | <input type="checkbox"/> Day Trip Escort          | <input type="checkbox"/> Steering Committee Member |
| <input type="checkbox"/> Bingo Caller/Collector | <input type="checkbox"/> Event Planning           | <input type="checkbox"/> Technology Instructor     |
| <input type="checkbox"/> Board Game Coordinator | <input type="checkbox"/> Fitness Instructor       | <input type="checkbox"/> Welcome Desk Assistant    |
| <input type="checkbox"/> Card Game Coordinator  | <input type="checkbox"/> Fundraising              | <input type="checkbox"/> Woodshop                  |
| <input type="checkbox"/> Cookie Baker           | <input type="checkbox"/> Intergenerational Mentor | <input type="checkbox"/> Woodworking Coordinator   |

## VOLUNTEER AVAILABILITY

What days are you available to volunteer?

- Weekdays (Mon-Fri)     Weekends (Sat-Sun)     Specific Days \_\_\_\_\_

What times are best for you to volunteer?

- Mornings     Afternoons     Evenings     Specific Times \_\_\_\_\_

How often would you like to volunteer?

- Weekly     Monthly     Occasionally     Other \_\_\_\_\_

Thank you for applying and we will contact you to further explore your interests. Please indicate the best day and time to reach you. If you don't hear from us, please feel free to give us a call at 887-4639!

Best day to contact me: \_\_\_\_\_

Best time to contact me: \_\_\_\_\_

Best number to contact me at: \_\_\_\_\_

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

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