



Senior
Community
Centers

Empowering seniors since 1970

VOLUNTEER APPLICATION (Group)

Company/Group Name _____ Date _____
(please print)

Primary Contact Person _____

Work Address _____ City _____ Zip _____

Work Phone _____ E-Mail Address _____

Referred by: _____

Reason for Volunteering _____

Volunteer Assignment Preferences

Serving meals ___ Senior Activities ___ Admin Support ___ Other (explain) _____

Preferred days of service (please circle): M T W TH F S

How many hours per month are you willing to volunteer? _____

Lunch hours are between 11:30am and 1:30pm, depending on location

Please list all group members. (Feel free to write additional team members and emails on the back).

Name

Email

I certify that all group members are aware of the confidentiality, liability, and publicity clauses they signed in their individual applications and agree to abide by them. Initial _____

Signature: _____ **Date:** _____

Please mail this application to 525 14th Street, Suite 200, San Diego, CA 92101 or email to Tim.Ruis@serving seniors.org. Please allow up to one week for your application to be processed. You will be contacted for an interview and volunteer orientation.

For office use only

Date received _____ Complete? _____ Follow-up required _____ Date sent to Development _____