



VOLUNTEER APPLICATION

Name _____ Date _____
(please print)

Company _____

Address _____ City _____ Zip _____
work or home

Home Phone _____ Work Phone _____

E-Mail Address _____

Bilingual (please circle): Y N Language(s) _____

Referred by: SCC Website ___ News Story ___ Work ___ Other _____

Volunteer Assignment Preferences

Serve lunch (primary volunteer assignment) ___ Organize a Bingo or other board game ___

Sponsor a holiday party ___ Host an ice cream social ___ Organize a donation drive ___

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

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

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

Will you be volunteering with a group (please circle)? Y N Name of group/organization _____

Would you be interested in serving on a fundraising event committee? _____

Please list two character references

1] _____ Phone# _____

2] _____ Phone# _____

Emergency Contact

Name _____ Relationship _____ Daytime Phone _____

For your protection, please list any medical conditions that may serve as an alert to our staff

Confidentiality

I understand as a Senior Community Centers volunteer I am assuming responsibilities similar to an employee and that information I am exposed to regarding any clients, donors, or vendors is confidential. Initial _____

Signature: _____ Date: _____

Please mail this application to 525 14th Street, Suite 200, San Diego, CA 92101 or email to Tim.Ruis@servingseniors.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 application received _____ Is the application Complete? _____ If not, what follow-up is required _____

Copy of application sent to Sheona _____
date