**AmeriCorps Seniors VOLUNTEER APPLICATION**

25 Main Street, Suite 202

 Chico, CA 95928

 (530) 898-4307

|  |  |
| --- | --- |
| Name: | Date: |
| Street Address: |
| City State Zip: |
| Phone 1: | Phone 2: | E-Mail: |
| Birthdate: | Sex: M F | Veteran? Y N  | Marital Status: M W D S |
| Driver: Y N | Driver’s License #: | Expiration: / / |
| Auto Insurance Carrier: | Expiration: / / |
| Monthly Income: $ | Have you ever been convicted of a felony? |
| Where did you hear about the program? |
| Have you been a PASSAGES Volunteer before?  | If so, when? |
| Have you worked with older adults before? | If so, when? |
| Club or organization memberships: |
| Previous Occupations: | Years of Education: |
| Hobbies and skills: |
| Disabilities and needed accommodations: |

## Please provide the names of two references not related to you:

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |
| **Emergency Contact** | **Non-Emergency Contact:** |
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate termination.

|  |  |
| --- | --- |
| Name (printed): | Date: |
| Signature: |

