**AmeriCorps Seniors VOLUNTEER APPLICATION**

25 Main Street, Suite 202

Chico, CA 95928

(530) 898-4307

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |

