



Volunteer Application

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ County _____ State _____ ZIP _____

Email _____

Primary Phone _____ Mobile (if different) _____

Emergency Contact _____ Relationship _____ Phone _____

DOB ____/____/____ Gender M____ F____ Veteran Y____ N____ Spouse of Veteran Y

Ethnicity? Caucasian____ American Indian____ Hispanic____ Hawaiian/Pacif. Islander____

African American____ Other _____

Do you have any allergies we should be aware of? Y____ N____ List _____

Do you drive your own car? Y____ N____ Auto Insurance Co. _____

How did you hear about volunteer opportunities with AWA? _____

Are you currently volunteering? ____ Where? _____

Current Occupation (if applicable) _____

Employer _____

Computer proficiency: Beginner _____ Moderate ____ Advanced ____

Please list any special training, experience, talents, skills, hobbies or interests you have:

Please list any physical or medical limitations you have that could affect your volunteer activities:

Please list the volunteer opportunities that most interest you: _____

Check all of the selections below that you would be willing to do.

Home/Home Office

Assist with opening & reading mail _____
Assist with filling out forms _____
(Medicare, insurance, assistance applications, etc.)
Assist with computer needs _____
Light housekeeping, laundry, etc. _____
Meal Preparation _____

Age Well Office

Answer phones/reception _____
Light clerical _____

Transportation

Local errands _____
Medical appointments _____

Great Outdoors

Shovel _____
Rake _____
Seasonal yard prep/work _____
Garden Projects _____
Weed/lawn trimming _____
Lawn Mow _____

Groceries to Go

Take grocery orders via telephone _____
Grocery shop _____
Grocery Delivery _____
Grocery Program Sub _____

Socialization

Daily phone call/check in _____
Companion/Regularly scheduled visits _____
Wellness check during inclement weather _____

Volunteer Board of Directors with Expertise in:

Financial _____
Fundraising _____
PR/Marketing _____

Do you know anyone who may be interested in volunteering with Age Well Arrowhead? Referrals?

I understand that I am not an employee of Age Well Arrowhead and agree to serve without compensation.

I acknowledge that I am not allowed to solicit direct-to-hire employment, contributions, sell anything to clients or encourage acceptance in a belief of philosophy by program clients.

I further agree that if I use my personal automobile to drive to/from during my service, I will maintain automobile insurance equal to or greater than the minimum required by the State of Minnesota.

Initial _____

I authorize Age Well Arrowhead to use my photo for developing general outreach materials, marketing materials and educational materials. Y_____ N_____

If all the information within this application is true & correct to the best of your knowledge, please complete the application by signing below.

Volunteer Signature _____ **Date** ____/____/____

Staff Use Only:

Enrollment Date _____ Ref. Check _____ Auto Verif. _____
Background Check _____
Staff Signature _____ Date _____