VOLUNTEER SERVICE APPLICATION FORM

Washington Center for Aging Services

INSTRUCTION SHEET

Thank you for your interest in becoming a volunteer at the Washington Center for Aging Services. Our volunteers play a vital role in the activities at our facility. They supplement the staff in important ways with special talents and knowledge that might not be otherwise available.

The next step in applying to become a volunteer is to complete the attached form. Your answers to the questions will enable us to see where you might best help our program and what activities would be most fulfilling to you. Many of the questions are self-explanatory. Others might need a little explanation.

PERSONAL INFORMATION: Please provide a phone number at which we may reach you Monday through Friday, between 9:00 a.m. and 4:30 p.m. to follow up on your application. You may also provide an e-mail address for that purpose.

WORK EXPERIENCE: When listing your work experience, show only the last 10 years of employment. If you are retired, describe the last 10 years you worked before you retired.

SPECIAL SKILLS: The information you provide will help us to identify which activities at WCAS will most interest you and where you can make the greatest contribution to our program. Please feel free to include activities in which you have experience in that you think will fit into our program.

AVAILABILITY: Which days of the week and which hours on those days will you usually will be available to volunteer your services? On occasions, volunteers will be needed in the evening.

REFERENCES: It is important that you provide the names of two individuals who can be contacted to discuss your qualifications for a volunteer position. They will be informed of the reason for the contact. Please note that a background check will be necessary, depending on the type of volunteer service you will provide and the kind of access to our facility. For further information about this step in the application process, please contact our Volunteer Coordinator at (202) 541-6269.

Washington Center for Aging Services
2601 18th St., N.E.
Washington, DC 20018

APPLICATION FOR VOLUNTEER SERVICES

Statement of Equal Opportunity In Volunteer Services: The Washington Center for Aging Services is a facility dedicated to the service. We take pride in our responsibility of caring for residents, staff, and the community with which we serve. We support a philosophy of providing equal opportunity for volunteer services to all qualified applicants. Volunteers will be recruited and placed in volunteer positions without regard to race, color, sex, age, national origin, or physical handicap except where age, sex, or physical handicap is a bona fide assignment qualification. Decisions on volunteer placement will be based solely upon an individual's qualifications, interests and availability.

PERSONAL DATA:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BIRTH DATE: Month: _____ Day: _____ Year: _____

(Required for Each Volunteer Applicant)

MINIMUM AGE REQUIREMENT: ***13 Years of Age.*** **Please Complete the TEENAGE/YOUTH VOLUNTEER section on page 4.**

Home Number: _____ **Business Number:** _____

Cell Number: _____ **Email Address:** _____

Have you since the age of 18, been convicted of any crime including misdemeanors and traffic violations? [ ] Yes [ ] No. IF Yes, EXPLAIN:

_____

_____

_____

How did you learn about the volunteer program at WCAS?

Website (Name) _____ Newspaper (Name) _____

School (Name) _____ Agency (Name) _____

Church/Synagogue (Name) _____

WCAS Employee/Volunteer (Name) _____

VOLUNTEER AND EMPLOYMENT EXPERIENCE:

Name of Organization	Position	Dates
1.		
2.		
3.		
4.		
5.		

EDUCATION:

Level	**Name and Location of School**	**Years Attended**	**Diploma/GED**
High School			**Please Circle** **YES NO**

College	**Name of School**	**Years Attended**	**Field of Study**	**Degree**
Undergraduate				
Undergraduate				
Graduate				
Business School				

What type of volunteer work do you prefer?
_____ Where Need Is Greatest _____ Resident Services _____ Administrative/Clerical

Please indicate your reason for pursuing volunteer work at this time:
_____ Work Experience _____ School Requirement _____Humanitarian
_____ Affiliation with WCAS _____ Free Time/Retired _____Community Service/Court

Emergency Contacts

(Required for each Volunteer Applicant)

Name	Relationship	Telephone Number
1.		
2.		

TEENAGE/YOUTH VOLUNTEER:

My son/daughter _____, meets the minimum age requirement of thirteen (13) years of age, and has my permission to serve as a Teenage/Youth Volunteer at the Washington Center for Aging Services. I understand that a (TB) Tuberculin Skin Test health screening will be necessary in order for my child to participate. I also understand that my child will be asked to provide references.

_____ _____
Parent or Guardian Signature Date

VOLUNTEER AGREEMENT:

My signature below verifies that:

- I agree to keep **confidential** all information about residents, staff, and physicians that I may become aware of while carrying out my volunteer assignment.
- **All information** included in this application form **is correct** to best of my knowledge.
- I further understand that **falsification** of information on this application or violation of the policies outlined in the volunteer handbook may result in my immediate dismissal from the program.

Applicant Name (Print) _____

Applicant Name (Signature) _____

Date _____

(Below Is For Office Use Only)

Interview Date: _____ **TB Test:** _____

Placement: _____

Interviewer Remarks:

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Additional Address(es):

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