



To apply for Meals on Wheels, Friendly Visitor, or Office Assistance, please complete and sign the **VOLUNTEER APPLICATION** and **CORI REQUEST FORM**. Include a **copy of your Driver's License** and send to:
 E. O'Neil, Volunteer Manager
 South Shore Elder Services, Inc.
 1515 Washington St., Braintree, MA 02184

SOUTH SHORE ELDER SERVICES VOLUNTEER APPLICATION

Contact Information	
Name:	
Street Address:	
City, State, Zip:	
Home Phone:	Cell:
Work Phone:	
E-Mail Address:	
MA Resident since: _____ yr Former Residence: _____	
Interests	
Tell us in which areas you are interested in volunteering:	
<input type="checkbox"/> Friendly Visitor <input type="checkbox"/> Meals on Wheels Driver <input type="checkbox"/> Meal Site Assistant (kitchen help) <input type="checkbox"/> Meals on Wheels Delivery Helper (no driving) <input type="checkbox"/> Office Assistance	
Biographical Information	
1). Are you currently employed? Y____ N____ Full time____ Part time____ Retired____	
Employer Name:	
Address:	
Phone:	
2). Are you volunteering as part of your employer's or school's community volunteer program? Y____ N____	
3). How did you hear about South Shore Elder Services and our volunteer opportunities? Friend/Family____ Radio/TV____ Internet (site)____ Newspaper (name of)____ Poster/Brochure____ Church Bulletin____ Other_____	
4). Do you speak a foreign language? If so, please list: _____	
5). Do you have any limitations that may hinder you while performing your volunteer duties? Y____ N____ Please explain: _____	

Biographical Information, continued;

6). Have you ever done volunteer work before? Y____ N____ If yes, would you like to tell us what experience you have had?

7). Please list two non-family references (employer, co-worker, friends, etc.)

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

8). Do you have a valid Driver's License and Automobile Insurance? Y____ N____

9). Person to notify in case of an Emergency:

Name: _____ Phone: _____

Availability

During which hours are you available for volunteer assignments? (please check all that apply)

Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Special Skills or Qualifications

Do you have any special skills or qualifications that you have acquired from employment, previous volunteer work, or through other activities that you may want to share with our agency?

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 dismissal.

Name (printed) _____
Signature _____
Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.