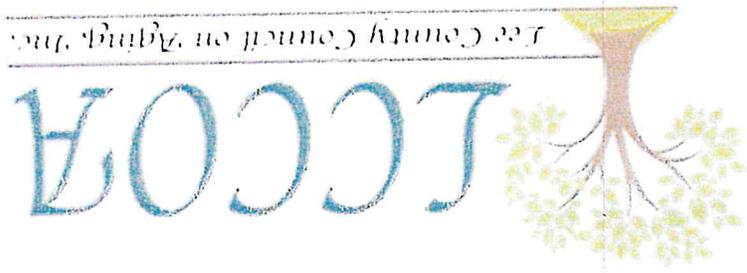


(over)



**Volunteer Application**

Thank you for your interest in volunteering with the Lee County Council on Aging! Please complete this form to help us find the best volunteer opportunities for you.

**Personal Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Contact Method:  Phone  Email  Mail

**Emergency Contact Information**

Primary Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**Volunteer Interests**

(Check all that apply)

Meal Delivery

Office Assistance

Events & Fundraising

Transportation Assistance

Senior Activities & Programs

Food Pantry Assistance

Other: \_\_\_\_\_

**Availability**

Days Available:  Monday  Tuesday  Wednesday  Thursday  Friday

Times Available: \_\_\_\_\_

**Skills & Experience**

Please list any relevant skills, experience, or certifications (e.g., CPR, First Aid, etc.):

**Background Information**

Have you ever been convicted of a crime?  Yes  No (If yes, please explain):

**References**

(Please provide two non-family references)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Volunteer Agreement**

I certify that the information provided on this application is true and complete. I authorize the Lee County Council on Aging to verify any information and conduct a background check if necessary. I understand that volunteering is at-will and that I may be dismissed at any time for any reason.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_