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## Volunteer Application Form

Name:	<b>Emergency Contact</b>		
Address:	Name:		
City:	Phone:		
State:	Relationship:		
Zip:	<b>If under 18</b>		
Phone:	Type:	Age:	Grade:
E-mail:	School:		
How did you hear about us?	Parent/Guardian:		
	Phone:		

### Volunteer Opportunities Please check the program(s) that interest you.

- Caring Neighbor
- Health Care Assistant
- Medical Advocate
- Medical Escort
- Money Management
- Music & Memory
- New Friend
- SeniorPet Program
- Aging and Spiritual Wellbeing (50 hrs training required, sessions start in Sep. & Jan.)

#### Once a Month Volunteer Opportunities

- Brown Bag (2<sup>nd</sup> Tuesday of every month, 8:15 to 11:00 am)
- Kate's Café (LGBT) (4<sup>th</sup> Wednesday of every month, 5 to 8 pm)
- Memory Café (3<sup>rd</sup> Friday of every month, 10 am to Noon)

#### Once a Year Volunteer Opportunities

- Holiday Bagging (one week day in early December from 10:00 am to 12:30 pm in Everett)
- Farmers Market Coupon Distribution (one week, usually 3<sup>rd</sup> week of July)
- Thanksgiving Meals-On-Wheels (Thanksgiving morning from 9:15 am to 12:30 pm)

## About You

Are you able to sign using ASL?

Can you negotiate stairs?

Does cigarette smoke bother you?

Are you allergic to animals?

Occupation:

Please list any foreign languages you speak:

What days and times are you available?

How many hours per month do you have available?

Current Employer/Educational Institution:

Address:

Phone:

Please describe your past and present volunteer experience:

Organization

Date

Responsibilities

## Local References

List the names/addresses of two references (not related), one of which is a professional contact.

Name:

Name:

Address:

Address:

City:

City:

State:

State:

Zip:

Zip:

Phone:

Type:

Phone:

Type:

E-mail:

E-mail:

Electronic Signature (type your name):

Date:

*If under 18, parent/guardian signature is necessary.*

By checking this box, I confirm that the information above is accurate to the best of my knowledge.