



**OSHKOSH SENIORS CENTER
Volunteer Application Form**

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____ EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ DATE AVAILABLE TO START _____

PLEASE CHECK AREAS OF VOLUNTEERING YOU ARE INTERESTED IN:

- | | |
|--|---------------------------------|
| CLERICAL / RECEPTIONIST _____ | NUTRITION SITE _____ |
| COMPUTER LAB _____ | PROGRAM ASSISTANCE _____ |
| CHORUS _____ | SECURITY _____ |
| FUNDRAISING _____ | SPECIAL EVENTS / PROJECTS _____ |
| HOUSEKEEPING / GENERAL MAINTENANCE _____ | TAX AIDE _____ |
| GIFT SHOP _____ | TEACH A CLASS _____ |
| MARKETING _____ | Area of Expertise _____ |
| NEWSLETTER DELIVERY _____ | WINNEBAGO SENIORS TOURS _____ |
| NEWSLETTER FOLDING _____ | WISCONSIN WARMERS _____ |
| OTHER (Please Describe) _____ | |

PRIOR VOLUNTEER EXPERIENCE _____

PREVIOUS OCCUPATION / SPECIAL SKILLS _____

ANY OTHER UNIQUE INFORMATION WE SHOULD KNOW TO ASSIST US IN USING YOUR TALENTS _____

DO YOU HOLD A CURRENT DRIVERS LICENSE? _____

CURRENT SCHOOL (if applicable) _____

REFERENCES:

NAME _____ PHONE _____

NAME _____ PHONE _____

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PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE _____

CELL PHONE _____

PUBLICITY CONSENT

May we use your name and/or likeness (photo) in publicity related to the Oshkosh Seniors Center?

YES

NO

CONFIDENTIALITY STATEMENT

By signing this application, I agree to treat all information I may hear, see, read or otherwise acquire as highly confidential and I will not reveal or discuss this information outside my official duties at the Oshkosh Seniors Center.

SIGNATURE _____ ***DATE*** _____
