



# Wellesley Council on Aging

219 WASHINGTON STREET • WELLESLEY, MA 02481  
TELEPHONE: (781) 235-3961 FACSIMILE: (781) 239-0394  
[WWW.WELLESLEYMA.GOV/COA](http://WWW.WELLESLEYMA.GOV/COA)

## VOLUNTEER APPLICATION FORM

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

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Preferred method of contact? \_\_\_\_\_ Preferred time? \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Additional details you may wish to note (including important medical information, physical limitations, other emergency contacts, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## VOLUNTEER PROFILE

Education (list institutions, diplomas, certificates, degrees) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Interests/Skills/Hobbies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current or most recent employment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe your prior volunteer experience (include organization names and dates of service)

\_\_\_\_\_

\_\_\_\_\_

If you speak another language(s), please indicate: \_\_\_\_\_

Do you have a car available for use? Yes \_\_\_\_\_ No \_\_\_\_\_

Please fill in days/times you are available to volunteer?

Day:	From:	To:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

I prefer to work:  Regular Schedule  Intermittently  Other

**The ways I am willing to help are:**

- |   |  |
|---|--|
| <input type="checkbox"/> Serving lunch                                | <input type="checkbox"/> COA Board of Directors              |
| <input type="checkbox"/> General office support & mailing             | <input type="checkbox"/> COA committee                       |
| <input type="checkbox"/> Activity leader - type of activity:<br>_____ | <input type="checkbox"/> Help out at special events          |
| <input type="checkbox"/> Volunteer driver                             | <input type="checkbox"/> Carry groceries for seniors         |
| <input type="checkbox"/> Assist with newsletter mailing               | <input type="checkbox"/> Senior Center advocacy              |
| <input type="checkbox"/> Intergenerational events                     | <input type="checkbox"/> Receptionist                        |
| <input type="checkbox"/> Rake leaves                                  | <input type="checkbox"/> Tax preparation                     |
| <input type="checkbox"/> Snow removal                                 | <input type="checkbox"/> Health insurance counseling (SHINE) |
| <input type="checkbox"/> Distribute flyers around town                | <input type="checkbox"/> Other: _____<br>_____               |

Additional comments: \_\_\_\_\_

**References:** Please list two people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name & Organization	Relationship to you	Length of relationship	Phone number

The Council on Aging is open from 9:00 to 4:00 Monday through Friday. Applicants will be required to provide a valid driver's license, or other acceptable photo ID, and complete a CORI Request form before beginning any volunteer engagement.

\_\_\_\_\_  
Signature of Volunteer \_\_\_\_\_  
Date

Completed applications may be emailed, mailed or hand delivered to:

**Wellesley Council of Aging, 219 Washington Street, Wellesley, MA 02481**  
Email: [GThieme@wellesleyma.gov](mailto:GThieme@wellesleyma.gov)

*For Office use only – Please do not write below this line*

CORI Submitted \_\_\_\_\_ CORI Received \_\_\_\_\_ Notified \_\_\_\_\_

Start Date \_\_\_\_\_ COATS Input \_\_\_\_\_