

WEST CHESTER AREA SENIOR CENTER
530 E. Union Street * West Chester, PA 19380

VOLUNTEER APPLICATION

Date _____ E-mail Address _____

Name _____ Telephone _____

Address _____ Zip _____

***INFORMATION REQUIRED BY THE OFFICE OF AGING**

*Birth Date: _____ *Last 4 #'s of Social Security: _____

*Township _____ *Live Alone __Yes __No *Disabled __Yes __No

*Low Income __Yes (under \$9,570/single or \$12,830/couple) __No

*Race __African American __American Indian / Alaskan

__Asian American __Caucasian

__Hispanic __Other

Occupation _____

Interests, skills or hobbies _____

Have you ever done volunteer work? _____ Where? _____

What kind? _____

What kind of volunteer work would you like to do? _____

When are you available to volunteer and how much time can you give? _____

Emergency Contact _____

Name

Phone

Name, Address & Phone Number of three personal references:

#1 _____ #2 _____

#3 _____

FOR OFFICE USE ONLY: Date: _____ Accepted: Yes _____ No _____

Interviewed by: _____ Supervisor: _____

Start Date: _____ Position: _____