

**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: \_\_\_\_\_