



# Anderson Township

## Anderson Township Senior Center Volunteer Application

### Contact Information

Name \_\_\_\_\_

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

City ST Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Availability

ATSC hours are weekdays 9AM-2PM. Some volunteer activities may be done outside these hours. During which hours are you available for volunteer assignments?

- |                  |                          |
|------------------|--------------------------|
| _____ Mondays    | _____ Weekday mornings   |
| _____ Tuesdays   | _____ Weekday afternoons |
| _____ Wednesdays | _____ Weekday evenings   |
| _____ Thursdays  | _____ Weekend trips      |
| _____ Fridays    |                          |

### Volunteer Opportunities

Tell us in which areas you are interested in volunteering

- |   |  |
|---|--|
| ___ Coordinating volunteers                         | ___ Calling or sending cards to members      |
| ___ Helping at front desk                           | ___ Fundraising – Campaigns/Donations        |
| ___ Managing outdoor garden                         | ___ Newsletter – Production/Mailing          |
| ___ Events - Set up/Clean up                        | ___ Events – Helping with audio visual needs |
| ___ Seasonal Help                                   | ___ Entertainment - Music/Sing Along         |
| ___ Helping members with technology needs           |  |
| ___ Photography - Take photos of Events and Parties |  |

## Special Skills or Qualifications

Tell us what special skills you have and what you enjoy doing

- Caring/Empathetic                       Outgoing  
 Leadership/Team Building             Patient  
 Setting up/Using social media         Communication (oral and/or written)  
 Using Audio Visual equipment        Working with schools and students  
 Using any of the following: Zoom, Email, Computer/Phone set up  
 Other - Please list

## Previous Volunteer Experience

Summarize your previous volunteer experience.

## Person to Notify in Case of Emergency

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City ST Zip Code \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in volunteering with us. Together we make a difference!