



**Town of Dighton  
Council on Aging  
1059 Somerset Avenue  
Dighton, MA 02715  
Tel. 508-823-0095  
Fax: 508-508-669-9065**

**Email: councilonaging@dighton-ma.gov**

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## **VOLUNTEER APPLICATION**

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

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Emergency Contact Name & Phone Number : \_\_\_\_\_

Relationship to You: \_\_\_\_\_

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

Do you have a car for volunteer work? YES NO (Circle One)

How did you hear about our volunteer opportunities? \_\_\_\_\_

Work/Volunteer Experience:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Special interests, hobbies, talents:

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

I am interested in: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Handyman/Home Repair                     | <input type="checkbox"/> Fitness Activities           |
| <input type="checkbox"/> Nutrition Site Worker                    | <input type="checkbox"/> Cooking/Baking               |
| <input type="checkbox"/> Prime Time Supportive Day Program        | <input type="checkbox"/> Volunteer Coordinator        |
| <input type="checkbox"/> Building & Grounds Maintenance           | <input type="checkbox"/> Musical Entertainment        |
| <input type="checkbox"/> Food Shopper                             | <input type="checkbox"/> Tax Preparation (AARP)       |
| <input type="checkbox"/> Friendly Visitor/Phone Calls/Pen Pal     | <input type="checkbox"/> Host/Hostess                 |
| <input type="checkbox"/> Computer Counselor/Coach                 | <input type="checkbox"/> Intergenerational Activities |
| <input type="checkbox"/> Data Entry, (My Senior Center)           | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Program Instructor (Arts, Crafts, Other) |   |

Please fill in the times for days you are available to volunteer:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Additional Comments:

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References (Optional): \_\_\_\_\_

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As an applicant for volunteer employment, I hereby acknowledge that the Dighton Council on Aging will review my information and complete a Criminal Offense Record Inquiry (CORI) on me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed applications may be mailed or hand delivered to: Dighton Council on Aging, 1059 Somerset Ave., Dighton, MA 02715 (Tel. 508-823-0095), between the hours of 8:00 am to 3:00 pm, Monday thru Friday. Applicants will be required to provide a valid driver's license, or other acceptable photo ID, and complete a CORI Request form.

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**For office use only:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> CORI Submitted | <input type="checkbox"/> CORI Received | <input type="checkbox"/> MySeniorCenter Input   |
| <input type="checkbox"/> Contacted      | <input type="checkbox"/> Excel Entry   | <input type="checkbox"/> Mailing Database Entry |

Notes:

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