



**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**

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:

References (Optional): _____

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.

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:
