

Volunteer Information Sheet

Thank you for your interest in volunteering at Elderly Services! Our volunteers are an essential part of our team, bringing a wonderful variety of gifts and skills to ESI. We appreciate you!

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Emergency Contact: _____ Contact Phone #: _____

Referred by (If applicable): _____

References:

We require proof of current COVID vaccination and a background check. We mask while inside.

Why are you interested in volunteering?

What previous work/volunteer experience do you have?

What are your interests/ hobbies? Would you be interested in sharing these interests here?

When are you available to volunteer (circle)? **Mon Tue Wed Thu Fri** *weekly monthly other:*

We are open 8 AM-7 PM. What hours are you available?
