

VOLUNTEER APPLICATION

Note: All information in this application will be kept strictly confidential and will be used only in the management of the Council on Aging Martin County, Inc. services and programs.

Date of Application: _____

Contact Information

Name: _____ Student: Yes No

Address: _____

City, State, and Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

DOB: _____

Parents Name: _____

Parents Email: _____

Parents Phone: _____

Seasonal Residents

Which months are you away: _____

Summer Address: _____

City, State, and Zip: _____

Availability

Day's:

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays

Times:

8:00 AM – 1:00 PM 9:00 AM – 2:00 PM 1:00 PM -5:00 PM

Are you available year-round:

Yes No

Natural Disaster – Hurricane Hero:

Would you be available to help out in a natural disaster Yes No

If Yes: Before Storm During Storm Post Storm

Areas of Interest:

- Front Desk/ Receptionist
- Phones
- Bistro (Mini Store)
- Adult Day Club
- Mailings
- Events
- Clerical

Meals on Wheels:

- Kitchen 7:00 AM – 10:00 AM
- Crate Packing 8:00 AM – 10:00 AM
- Route Sheets 12:00 PM – 2:00 PM
- Bread Pick Up 7:00 AM Pick Up time
- Delivering Meals 10:00 AM – 12:30 PM

Holidays – would you be willing to help

- Thanksgiving Day
- Christmas Day

As a volunteer – are there any duties you wish not to perform?

References: Please list two (2) people whom you have known for at least two (2) years, non-relatives:

Name:	Phone:
Name:	Phone:

In case of emergency:

Name:	Phone:
Relationship:	
Address:	

If returning by mail send to:
Council on Aging Martin County at the Kane Center
900 SE Salerno Rd.
Stuart, FL 34997