



TEWKSBURY COUNCIL ON AGING

VOLUNTEER APPLICATION

175 Chandler Street
Tewksbury, MA 01876
Phone: (978) 640-4480
Fax: (978) 640-4483

Date of Application: _____

PLEASE PRINT

Last Name: _____ First Name: _____

Address _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

References

1. Name: _____ Relationship to you: _____

Home #: _____ Work #: _____ Cell #: _____

2. Name: _____ Relationship to you: _____

Home #: _____ Work #: _____ Cell #: _____

Please indicate the days and times you are available:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat/Sun: _____

Are there any physical conditions we should consider when arranging volunteer opportunities for you? If so, please explain: _____

Previous work/experience: _____

I'm interested in: Phone Receptionist Computer/ data entry Filing/Typing
 Photography Instructing Food Service Decorating Gift or Consignment Shop
 Companionship/Friendly visiting Other: _____

Skills: Exercise/Fitness Crafts Cooking/Baking Gardening Sewing
 Communication Computers Writing Other: _____

Criminal Background: Have you ever been convicted of a felony? YES NO

Please note that all applicants will be required to complete a CORI prior to volunteering

Additional Information:

Office Use: CORI Approved: Y N Staff Signature: _____ Date: _____