

**TOWN OF MARBLEHEAD  
COUNCIL ON AGING**

**Volunteer Application**

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

**I. PERSONAL INFORMATION**

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

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

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

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

Emergency Contact Person Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**II. EDUCATION/EXPERIENCE**

Years of education/ degrees: \_\_\_\_\_

Current occupation: \_\_\_\_\_

Prior occupation: \_\_\_\_\_

Have you been a volunteer before? \_\_\_\_\_ If yes, please indicate where  
you volunteered and what you did as a volunteer:

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

Do you have any specific skills, interest, training, etc. ? \_\_\_\_\_  
If yes, please indicate what areas they are in:

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

Please indicate any languages you speak besides English: \_\_\_\_\_

III. AVAILABILITY/INTERESTS

Do you have a preference for a particular type of volunteer position?

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Please indicate days of week and hours you would be available:

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Do you have any physical and/or medical conditions that we should take into account in arranging a volunteer assignment for you? (Please describe)

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What kind of transportation do you have? \_\_\_\_\_

How did you learn about the Council on Aging? \_\_\_\_\_

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Please indicate any other information you feel we should know:

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#### IV. REFERENCES

(Please include one personal and one work or volunteer reference, if possible.)

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_