



VOLUNTEER APPLICATION

Thank you for your interest in volunteering at Aging Care Connections. In order to best utilize your skills and interests, please complete this form. All information is **confidential**.

Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Email Address: _____

Present Working Status: Full-time Part-time Retired

Times Available: _____ Mornings _____ Afternoons

Dates Available: Monday Tuesday Wednesday Thursday Friday

Previous Work Experience	Dates	Type of Work
_____	_____	_____
_____	_____	_____

Other Interests, activities, organizational involvement: _____

Special talents, office skills: _____

Foreign languages spoken: _____

Highest level of education: _____

How did you hear about this volunteer opportunity? _____

Are you comfortable working with older adults? _____

Have you, or any member of your family, received services from Aging Care Connections?

Which of the following volunteer experiences interest you?

Fundraising Events Front Desk Receptionist Benefits Assistant
 Filing Data Entry Follow-up calls
 Congregate Dining Volunteer Publication Editor Other

Please be advised that we complete a background check prior to accepting any new volunteer.

The information I have furnished on this application is true and complete to the best of my knowledge. I understand that all the work done for the Aging Care Connections is confidential in nature and that volunteer services are performed without compensation. I agree to hold Aging Care Connections harmless for any injury sustained by me during my time volunteering for the agency.

Signature: _____

Date: _____

Please return this application to:

Denise Gerda
Development Associate
Aging Care Connections
111 W. Harris Avenue
La Grange, IL 60525