



Application for Volunteer Services

Please Print Clearly

Applicant's Name _____

Phone _____ Best Time to Reach Me _____

Address _____

E-Mail Address _____

Currently Employed? Yes No Work Phone _____

• Work Experience: _____

• Other agencies for which you have volunteered: _____

• Skills/Hobbies/Interests _____

• I am interested in volunteering as a/an: _____

• Please check preferred days and times for volunteering.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>					
Afternoon	<input type="checkbox"/>					
Evening	<input type="checkbox"/>					

• Who should be notified in case of an emergency while volunteering? _____

Name _____ Relationship _____

Phone _____ Address _____

I certify that the statements made on this application are true and correct and have been given voluntarily. I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Worthington from any liability whatsoever for supplying such information. I understand I will not be paid for my services as a volunteer. I also understand that completing this application does not necessarily guarantee a position of volunteer service.

Applicant's Signature _____ Date _____

Send completed form to:

Worthington Griswold Senior Center
777 High St., Worthington, OH 43085
(614)842-6320