



## Volunteer Enrollment Form

Name (first, last) \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

At what times are you available and interested in volunteering? (Check all that apply)

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

Why are you interested in volunteering with SMAA?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list volunteer roles you are interested in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Geographic preference as to where you would like to volunteer: \_\_\_\_\_

Are there times or seasons when you *cannot* do volunteer work?  Yes  No

If yes, please specify \_\_\_\_\_

Education (Please check highest level completed):

- |  |   |
|--|---|
| <input type="checkbox"/> Some High School                  | <input type="checkbox"/> High School Graduate |
| <input type="checkbox"/> Some College or Vocational School | <input type="checkbox"/> College Graduate     |

\_\_\_\_ Some Graduate School

\_\_\_\_ Graduate School

(Continued)

Current/Former Employer \_\_\_\_\_ Address \_\_\_\_\_

Does your employer/former employer have an employee volunteer match program? \_\_\_\_ Yes \_\_\_\_ No  
Please tell us about your current employment/past work history and/or volunteer experiences:

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

Have you ever served, or are you serving in the U.S. Military? \_\_\_\_ Yes \_\_\_\_ No

Do you speak more than one language? \_\_\_\_ Yes \_\_\_\_ No

If yes, what language (s)? \_\_\_\_\_

Do you need special accommodation in order to do volunteer work? (Example: Allergies, Health Conditions, Mobility Issues, etc.) \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain. \_\_\_\_\_

Are you required to do community service for any reason? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

Do you drive? \_\_\_\_ Yes \_\_\_\_ No Do you hold current auto liability insurance? \_\_\_\_ Yes \_\_\_\_ No

Name of Auto Insurance Company \_\_\_\_\_

May we print your name as a new volunteer in our publication, the *Senior News*? \_\_\_\_ Yes \_\_\_\_ No

How did you hear about us?

\_\_\_\_ A Speech      \_\_\_\_ Radio      \_\_\_\_ Another Volunteer      \_\_\_\_ Senior News  
\_\_\_\_ Other paper      \_\_\_\_ TV      \_\_\_\_ Word of Mouth      \_\_\_\_ SMAA Website  
\_\_\_\_ Other website      \_\_\_\_ Staff Person      Other: \_\_\_\_\_

**I understand that I am a volunteer and not an employee of SMAA/ RSVP.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

Additional Comments: \_\_\_\_\_

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

**PLEASE RETURN TO:**  
Southern Maine Agency on Aging  
136 US Route 1  
Scarborough, ME 04074  
FAX: (207) 883-8249