PROJECT SUPPORT SENIOR CENTER
VOLUNTEER INFORMATION SHEET

Date:_____

Name: _____

Birthdate: _____SSN *needed for CBI Background check: _____

Present Street Address and P.O. Box No: _____

_____

Phone Number(s): _____

Are you 18 years or older? Yes _____ No _____

Have you been charged or convicted of a felony or a Misdemeanor? Yes _____ No _____

If yes, please explain: _____

_____

What department would you like to volunteer in? _____

_____

Date you can start: _____ Are you presently employed: _____

Where are you employed and for how long? _____

_____

How many days, or hours, a week are you available? _____

Do you have experience as a volunteer? _____

_____

How long have you been a volunteer? _____

Special Skills: _____

_____

I certify that all the information submitted by me on this information sheet is true and complete.

_____ _____

Signature Date

_____

Printed Name