



Volunteer Application
Atwater Area Help for Seniors
PO Box 64 126 N 4th St
Atwater, MN 56209

Name—Last	First	Middle	Home phone #	
			Cell phone #	
Address – Physical	Mailing	Town	State	Birth date
Email Address				

Occupation (past or present): _____ Retired _____

How would you prefer to be contacted? Phone _____ Email _____ Text _____

Other (please list): _____

What is the best time to contact you? _____

Volunteer Activities (Check all you will help with):

- _____ Visits
- _____ Phone calls
- _____ Drive clients (in Atwater)
- _____ Drive clients (Willmar, Litchfield)
- _____ Drive clients (St. Cloud, Minneapolis/St. Paul)
- _____ Deliver meals (one day a week or be a sub)
- _____ Errands (mail – groceries – banking)
- _____ Light housekeeping (dishes – laundry – dusting)
- _____ Chores (rake lawn, mowing, wash windows, shovel snow, recycling)
- _____ Caregiver respite (relieve caregiver for a few hours)
- _____ Fundraising events (ex: Presidents Day pie/coffee, golf tournament)
- _____ Train/lead classes: SAIL/exercise group
- _____ Board member
- _____ Office help (phone calls, filing, misc.)
- _____ Pack/unpack for move
- _____ Other (specify _____)

Snowbirds: Let us know which months you are available! _____

Do you have any physical limitations that will limit your volunteer activities? (Examples: unable to support elders walking or entering/exiting vehicle) Yes___ No___

If yes, please list: _____

Could you push a wheelchair? Yes___ No___

Are you able to transfer a wheelchair/walker to car? Yes___ No___

Do you have any allergies we should be aware of? (Example: pet allergies) Yes___ No___

If yes, please list: _____

Are you pet friendly? Yes___ No___

Sign below, read, sign and return the following pages: confidentiality agreement, volunteer agreement, and waiver agreements

If you will provide transportation, please complete the following:

Driver's License #: _____ Date of Expiration: _____

Automobile Insurance Co.: _____ Car ___ Van ___ Color _____

Automobile Insurance Policy Number: _____ Car License #: _____

I volunteer my services and understand that I am not an employee of the program.

Signature: _____ Date: _____

Emergency Contact: _____ Phone: (____) _____

Relationship: _____

Thank you for taking time to complete this information.

Please return completed forms to:
Atwater Area Help for Seniors office
PO Box 64 or 126 N 4th St
Atwater, MN 56209

----- **-OFFICE Use Only-** -----

Date received: _____ Date interviewed: _____

Background check: _____ References checked: _____

Forms signed and received: Volunteer agreement: _____

Confidentiality agreement: _____

Orientation: _____

License current: _____ Insured for transportation: _____