



# VOLUNTEER APPLICATION

DATE \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (W) \_\_\_\_\_ (H/C) \_\_\_\_\_ FAX \_\_\_\_\_

E-mail address \_\_\_\_\_

How did you learn about NSS? \_\_\_\_\_

May we add you to the NSS mailing list (newsletter, annual report, events)?    Y    N

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1. Previous or current employment experience (or attach resume): \_\_\_\_\_

2. Previous or current volunteer experience: \_\_\_\_\_

3. Other formal education/training: \_\_\_\_\_

4. Why are you interested in working with older adults? \_\_\_\_\_

5. Please list any hobbies or special skills/interests that you may utilize as a volunteer: \_\_\_\_\_

6. Are there any client-related issues that may make you feel uncomfortable? (Client physical/mental health conditions, smoking, pets, etc.) \_\_\_\_\_

7. We like to provide our clients & staff with consistent volunteer support. For what length of time do you imagine yourself volunteering with NSS? \_\_\_\_\_

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## **8. Please circle the volunteer opportunities that interest you:**

- Companionship (visits, outings, and telephone reassurance)
- Grocery shopping/errands (accompany or pick-up/deliver)
- Transportation & accompaniment to medical appointments
- Minor home repairs & safety installations
- "Random Acts of Kindness" - on call to help with one-time client projects (deliveries, packing)
- Seasonal outdoor chores (window washing, yard work, snow removal)
- Ramp building (seasonal)
- Office Support: data entry, telephone, mailings, graphic design, newsletters
- Annual Fall Chore Day (*One day of leaf raking throughout Washtenaw Co.*)
- Special Events
- NSS Board of Directors and/or Committees
- Other: \_\_\_\_\_

9. Area of Washtenaw County would you like to work:

\_\_\_\_\_ Ann Arbor      \_\_\_\_\_ Ypsilanti      \_\_\_\_\_ Chelsea      \_\_\_\_\_ No preference  
\_\_\_\_\_ Saline      \_\_\_\_\_ Dexter      \_\_\_\_\_ Milan

10. How often are you available to volunteer?

\_\_\_\_\_ Weekly      \_\_\_\_\_ Every Other Week      \_\_\_\_\_ Monthly      \_\_\_\_\_ On-Call/Occasional

Specific days/times: \_\_\_\_\_

11. Volunteer assignments require reliable transportation. What mode of transportation will you rely on?

Own Car (list make/model) \_\_\_\_\_ Bus Route \_\_\_\_\_ Other \_\_\_\_\_

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

**REFERENCES:** (Personal and/or Professional -no relatives please)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

\*Office Use Only: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

\* Office Use Only: \_\_\_\_\_

**Volunteer Agreement:**

*By signing this release, I acknowledge that I am volunteering my services at Neighborhood Senior Services. I acknowledge that my participation is completely voluntary and is being undertaken without promise or expectation of compensation. I am aware that, in participating in any Neighborhood Senior Services project that I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons or the conditions under which my volunteer services are performed. With full knowledge and understanding, I accept any and all risks of damage, injury, illness, or death and I release and discharge Neighborhood Senior Services, its officers, directors, and employees, from any claims for damages or injury and all liability arising out of my participation as a volunteer.*

*I have carefully read this acknowledgement and release and fully understand its contents. I am aware that this is a release of liability and I freely and voluntarily accept the terms. I certify that I am at least eighteen (18) years of age or I have had this document signed by my parent or guardian. I further state that I am in proper condition for participating in my volunteer assignment and agree to abide by the policies and procedures established by Neighborhood Senior Services.*

\_\_\_\_\_  
Volunteer Name (PRINT)

\_\_\_\_\_  
Volunteer Signature      Date

\_\_\_\_\_  
\*Parent/Guardian Name (PRINT)

\_\_\_\_\_  
\*Parent/Guardian Signature      Date

**THANK YOU FOR YOUR INTEREST!**

**MAIL COMPLETED APPLICATION TO:**  
**Volunteer Services - Neighborhood Senior Services**  
**Senior Health Building**  
**5361 McAuley Drive, PO Box 995**  
**Ann Arbor, MI 48106**