

Volunteer Enrollment Form

Please Print

Return Form To:

STEWARTSTOWN AREA SENIOR CENTER
PO Box 235
Stewartstown, PA 17363
717-993-3488

PERSONAL INFORMATION:

Name: _____
(Mr./Mrs./Ms./Miss.) (First) (MI) Last

Address: _____ City: _____ Zip: _____

Home phone: _ () _____ Cell phone: _ () _____

Date of birth: ___ / ___ / ___ Email: _____

EXPERIENCE:

Are you retired? Yes No Previous/current occupation: _____

Previous/current employer: _____

Are you currently volunteering? Yes No

If "Yes", where? _____

Briefly explain your volunteer duties: _____

When are you available to volunteer?	Mon.	Tues.	Wed.	Thurs.	Fri.
Mornings	___	___	___	___	___
Afternoons	___	___	___	___	___

EMERGENCY INFORMATION:

Name: _____ Relationship: _____

Address: _____ Phone: _____

PHOTO RELEASE:

I, _____, DO/ DO NOT (CIRCLE ONE) grant Stewartstown Area Senior Citizen Center Inc. to take my picture for the purpose of promoting the Center's services and advocacy for older adults.

ACKNOWLEDGEMENT & CONSENT:

X _____
Volunteer Signature Date

X _____
Stewartstown Sr. Center Director Signature Date

**Stewartstown Area Senior Center
SKILLS & INTEREST FORM**

Name: _____

Date: _____

*Please print clearly

Please indicate with an X those skills/talents/strengths you wish to share through volunteering!

Skill Set	Basic	Moderate	Advanced
Arts/Crafts (Please list)			
Board Member			
Bilingual (Please list languages)			
Business			
Caregiving			
Computer			
Counseling			
Data Entry			
Driving			
Event Planning			
Fitness (Please list areas)			
Fundraising			
Gardening			
Grant Writing			
Greeting / Hospitality			
Handyman Work (Please identify areas)			
Knitting			
Legal			
Library			
Medical / Nursing / Physical Therapy (Pls identify)			
Music (Please Identify)			
Outdoor Work			
Phone Work			

