



# Volunteer Application

Senior Center of West Seattle  
4217 SW Oregon Street | Seattle, WA 98116  
(206) 932-4044

*Please complete, sign, and return to Volunteer Coordinator*

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment: \_\_\_\_\_

Education: \_\_\_\_\_

Special Skills/Interests: \_\_\_\_\_

\_\_\_\_\_

Prior volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Available: Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thur \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

Morning: \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings \_\_\_\_\_

Are you able to commit to on-going weekly shifts? \_\_\_\_\_

What areas are you interested in volunteering? Check all that apply:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Coffee Shop   | <input type="checkbox"/> Thrift Shop       | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Kitchen       | <input type="checkbox"/> Meals on Wheels   | <input type="checkbox"/> Outreach     |
| <input type="checkbox"/> Rainbow Bingo | <input type="checkbox"/> Evening Functions | <input type="checkbox"/> Other        |

Do you have any health/medical conditions or need any special accommodations? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

For Office Use Only

Date Interviewed: \_\_\_\_\_

Start Date: \_\_\_\_\_ Resigned/End Date: \_\_\_\_\_

Volunteer Assignment(s): \_\_\_\_\_

Background check completed \_\_\_\_\_