

# FRIENDS of the Sherborn Council on Aging Student Service Award Application

**Name: (Please Print)**

**Address:**

**Email:**

PLEASE ANSWER THE FOLLOWING QUESTIONS.  
(You may include your responses on separate sheet if needed)

1. What is/was the nature of your service to the Sherborn senior citizen(s) and/or Sherborn Council on Aging? Include who served, dates and approximate length of involvement in this service.
2. Do you have an interest in going into a geriatric field? Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_
3. If you checked "yes" or "undecided" to the above, what particular field(s) may interest you? (Examples: doctor, nurse, social worker, home care)
4. Has your experience with senior citizens changed any opinions or attitudes you had regarding an older generation? Please explain.
5. Do you believe the person(s) you assisted benefited from your services? Please explain.
6. Please describe your thoughts and feelings about working with/assisting a person(s) of an older generation.