



## Volunteer Application

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Mobile (if different) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Method of Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M\_\_\_\_F\_\_\_\_ Veteran Y\_\_\_\_N\_\_\_\_ Spouse of Veteran Y

Ethnicity? Caucasian American Indian\_\_\_\_Hispanic\_\_\_\_Hawaiian/Pacif. Islander\_\_\_\_

African American\_\_\_\_Other \_\_\_\_\_

Do you have any allergies we should be aware of? Y\_\_\_\_N\_\_\_\_ List \_\_\_\_\_

Do you drive your own car? Y\_\_\_\_N\_\_\_\_ Auto Insurance Co. \_\_\_\_\_

How did you hear about volunteer opportunities with AWA? \_\_\_\_\_

Are you currently volunteering?\_\_\_\_Where? \_\_\_\_\_

Current Occupation (if applicable) \_\_\_\_\_

Employer \_\_\_\_\_

Computer proficiency: Beginner \_\_\_\_\_ Moderate \_\_\_\_ Advanced \_\_\_\_

Please list any special training, experience, talents, skills, hobbies or interests you have:

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Please list any physical or medical limitations you have that could affect your volunteer activities:

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Please list the volunteer opportunities that most interest you: \_\_\_\_\_

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Check all of the selections below that you would be willing to do.

**Home/Home Office**

Assist with opening & reading mail \_\_\_\_\_  
Assist with filling out forms \_\_\_\_\_  
(Medicare, insurance, assistance applications, etc.)  
Assist with computer needs \_\_\_\_\_  
Light housekeeping, laundry, etc. \_\_\_\_\_  
Meal Preparation \_\_\_\_\_

**Age Well Office**

Answer phones/reception \_\_\_\_\_  
Light clerical \_\_\_\_\_

**Transportation**

Local errands \_\_\_\_\_  
Medical appointments \_\_\_\_\_

**Great Outdoors**

Shovel \_\_\_\_\_  
Rake \_\_\_\_\_  
Seasonal yard prep/work \_\_\_\_\_  
Garden Projects \_\_\_\_\_  
Weed/lawn trimming \_\_\_\_\_  
Lawn Mow \_\_\_\_\_

**Groceries to Go**

Take grocery orders via telephone \_\_\_\_\_  
Grocery shop \_\_\_\_\_  
Grocery Delivery \_\_\_\_\_  
Grocery Program Sub \_\_\_\_\_

**Socialization**

Daily phone call/check in \_\_\_\_\_  
Companion/Regularly scheduled visits \_\_\_\_\_  
Wellness check during inclement weather \_\_\_\_\_

**Volunteer Board of Directors with Expertise in:**

Financial \_\_\_\_\_  
Fundraising \_\_\_\_\_  
PR/Marketing \_\_\_\_\_

Do you know anyone who may be interested in volunteering with Age Well Arrowhead? Referrals?  
\_\_\_\_\_

I understand that I am not an employee of Age Well Arrowhead and agree to serve without compensation.

I acknowledge that I am not allowed to solicit direct-to-hire employment, contributions, sell anything to clients or encourage acceptance in a belief of philosophy by program clients.

I further agree that if I use my personal automobile to drive to/from during my service, I will maintain automobile insurance equal to or greater than the minimum required by the State of Minnesota.

Initial \_\_\_\_\_

I authorize Age Well Arrowhead to use my photo for developing general outreach materials, marketing materials and educational materials. Y \_\_\_\_\_ N \_\_\_\_\_

If all the information within this application is true & correct to the best of your knowledge, please complete the application by signing below.

**Volunteer Signature** \_\_\_\_\_ **Date** / / \_\_\_\_\_

**Staff Use Only:**

Enrollment Date \_\_\_\_\_ Ref. Check \_\_\_\_\_ Auto Verif. \_\_\_\_\_  
Background Check \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_