

VOLUNTEER INFORMATION FOR ADULT SERVICES  
FOR THE CITY OF WEST UNIVERSITY PLACE

NAME \_\_\_\_\_

PHONE: HOME \_\_\_\_\_  
WORK \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

EMAIL \_\_\_\_\_

DRIVERS LICENSE NUMBER/STATE \_\_\_\_\_

HOBBIES/INTERESTS \_\_\_\_\_  
\_\_\_\_\_

PROFESSION \_\_\_\_\_

PREFERRED VOLUNTEER SERVICE AREAS

Home Visitation	_____	Shopping	_____
Prepare Meal	_____	Minor Home Repairs	_____
Sit with a sick person	_____	Teaching a class	_____
Telephone reassurance	_____	Leading a group	_____
Bingo	_____		

**HOURS AND DAYS AVIALBLE FOR VOLUNTEER SERVICE**

Monday \_\_\_\_\_ Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_ Friday \_\_\_\_\_

Wednesday \_\_\_\_\_ Weekends \_\_\_\_\_

Person to contact or procedure to follow in case of emergency involving yourself:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Procedure to follow:

\_\_\_\_\_  
\_\_\_\_\_

As a volunteer, I promise to guard the privacy of those I am assisting by maintaining the Senior Services Policy of confidentiality of Information.

Signature

Date

\_\_\_\_\_  
\_\_\_\_\_