

BELLINGHAM AT HOME

A Program of the Whatcom Council on Aging

VOLUNTEER APPLICATION

Today's date: _____

Last Name: _____ First Name: _____

What do you prefer to be called? _____

Street Address _____

City _____ Zip Code _____

Phone #s (Cell): _____ (Home): _____

Email _____ Date of birth _____

Do you generally prefer to be contacted by _____ phone _____ e-mail _____ no preference?

Emergency contact name & phone: _____

Are you currently working? _____ No _____ Yes _____ Full time? _____ Part time?

What is, or was, your primary occupation?

Do you have any physical considerations that would affect the kinds of assignments you are comfortable with?
_____ no _____ yes (please explain)

Do you have any allergies (i.e., to pets, etc.) that might prevent you from being able to enter certain member's homes? _____ no _____ yes

Do you smoke? _____ no _____ yes Will you enter a smoker's home or car? _____ no _____ yes

Are there any types of volunteer activities you would prefer to avoid?

Are you fluent in another language? _____ no _____ yes Language _____

Do you have a special skill or interest (ex. yoga or current events) that you'd be willing to share with Villagers in a larger setting? Please list:

Please indicate the days you would generally be available to volunteer:

___ **Monday** ___ **Tuesday** ___ **Wednesday** ___ **Thursday** ___ **Friday** ___ **On call**

Are you away for any extended period of time of the year? _____

There are three types of volunteers. Please check your areas of interest:

___ **Committee Volunteer** (works as part of a team to carry out operational tasks in areas such as membership, volunteer, publicity, etc.)

___ **Office Volunteer** (i.e. computer scheduling/data entry, answering phones, etc.)

___ **Service Volunteer**

___ General/Personal Services (i.e. running errands, occasional pet care); ___ Transportation;

___ Companionship (i.e. daily/periodic phone checks, friendly visits); ___ Sewing/Repairs;

___ Home Maintenance (i.e. small repairs, changing light bulbs, etc.); ___ Computer Help

From time to time, Bellingham At Home may use images of our members as well as volunteers for marketing of the organization and/or on our web site. May Bellingham At Home use photographs taken of you while on volunteer duty? Yes _____ No _____

The following information will not be used for any other purpose.

Please list the names and complete contact information of two people (other than relatives) who have known you for at least two years:

1. Name _____

Relationship _____

Phone number _____ Email _____

2. Name _____

Relationship _____

Phone number _____ Email _____

Application Agreement:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Return to: Bellingham At Home, Bellingham Senior Activity Center 315 Halleck St., Bellingham, WA 98225 OR via email to servicerequests@bellinghamathome.org