



# Rocky Hill Senior Services Volunteer Application Form



Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

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

Street

City/State

Zip Code

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

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact (Name/Phone): \_\_\_\_\_



### Professional/Volunteer Experience

Organization

Position/Services

To/From Dates


Special Skills (e.g., computer skills, filing, typing, teaching, languages, accounting, cooking, travel, sports, etc.)



### References

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

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

**What type of volunteer experiences are of interest to you? (Please check all that apply)**

- Bingo Caller
- Blood Pressure Check
- Coffee Station
- Computer Help
- Discussion Group Leader
- Fitness Center Monitor
- Fundraising
- Gift Shop
- Income Tax Preparation
- Lunch Program - set up, serve and clean daily lunch program
- Office Work - phone calls, typing, filing, copying, etc.
- Special Events - assist set-up, serving, clean-up at parties/dinners
- Teaching a class, skill or craft
- Trip Planner/Leader
- Wellness Phone Caller
- Work on a short term small group/project
- Yesterday's Bake – pick up from local grocery stores

Other areas of interest, please specify: \_\_\_\_\_

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**Times Available (please check all possibilities):**

	Mon	Tues	Wed	Thu	Fri	Sat
AM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**Applicant's Certification**

By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of volunteering. I further understand that if chosen to volunteer, I am required to abide by all policies of the Town of Rocky Hill. The Town of Rocky Hill enforces a Zero Tolerance Drug and Alcohol Policy. Most volunteer positions require a background and/or criminal investigation. I hereby give the Town of Rocky Hill permission and full authority to investigate my background and authorize the release of any such information to the Town of Rocky Hill upon request.

The Town of Rocky Hill reserves the right to make the final decision on an applicant's suitability as a volunteer.

Please print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail application to:  
Rocky Hill Senior Services  
761 Old Main Street  
Rocky Hill, CT 06067