***STURBRIDGE COUNCIL ON AGING***

**VOLUNTEER APPLICATION FORM**

**Name:**

**Street Address:**

**Mailing Address (if different from above):**

**Town: Zip:**

**Telephone: Cell phone:**

**Year round resident? Yes No**

**If no, when are you available?**

**Emergency contact person:**

**Name: Phone #:**

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**What volunteer experience have you had?**

**Do you have any special skills or training that will help you as a volunteer?**

**Are there particular activities for which you would like to volunteer (e.g. receptionist, newsletter coordinator, Council on Aging Board)?**

**Are you willing to supervise other volunteers?**

**Are you willing to lead a class or activity? If yes, please specify the class or activity.**

**Why are you interested in volunteering at the Center?**

**I understand that I am required by Massachusetts State Law to fill out a Criminal Offense Record Information (CORI) form.**

**Signature: Date:**