



ElderFriends Volunteer Application

Today's Date: _____

Contact Information

Name	Daytime Phone Number
Address	Evening Phone Number
Address	
City, State, ZIP Code	E-Mail Address
Employer	Birth Date
Occupation	Gender

Questions

How long have you lived in the state of Washington? _____ years _____ months

How many hours per month are you able to commit to volunteering with ElderFriends?

How did you hear about ElderFriends?

Why do you want to volunteer? What do you hope to gain from volunteering with ElderFriends?

Volunteer Interests

What would you like to do?

- Regular home visits with an isolated elderly person
- Be a phone buddy
- Assist with on-call tasks (for example: shopping, errands)
- Deliver holiday meals
- Prepare holiday packages
- Help coordinate social events
- Accompany elders to ElderFriends events
- Fundraising
- Ask for/pick up in-kind donations
- Design and maintain ElderFriends' website
- Design and maintain databases
- Publicize ElderFriends at community events
- Write and/or edit articles for our newsletter

When can you volunteer?

- Weekdays
- Weeknights
- Weekends
- Holidays

Do you have a car?

- Yes
- No

Optional Information

Ethnicity	Religious Affiliation	Languages Spoken
<input type="checkbox"/> African-American/Black	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Chinese
<input type="checkbox"/> Asian	<input type="checkbox"/> Christian	<input type="checkbox"/> English
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Hindu	<input type="checkbox"/> French
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Jewish	<input type="checkbox"/> Russian
<input type="checkbox"/> Native American	<input type="checkbox"/> Muslim	<input type="checkbox"/> Spanish
<input type="checkbox"/> Pacific Islander/Hawaiian	<input type="checkbox"/> None	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	