

Family Eldercare's Living Well Volunteer Application

Please forward to:

Family Eldercare

Attn: Linda Lyon, Volunteer Coordinator, Aging in Place

1700 Rutherford Lane, Austin, TX 78754

Phone: 512-483-3569

Fax: 512-459-6436

This information, which is confidential and is available only to Family Eldercare staff, is requested to match volunteers and residents with similar backgrounds, experiences and interests. It helps us get to know you better.

Last Name (Ms., Mrs., Mr.) _____ First Name _____

Date of Birth _____ Ethnicity _____

Gender _____ Marital Status _____

Home address _____

Phone number _____ e-mail address _____

Are you currently employed? _____ Part-time _____ Full-time _____

Occupation _____ Company or organization _____

Job responsibilities _____

Supervisor's name and title _____

Work address _____

Work phone number: _____

Do you currently volunteer? _____ If so, where? _____

Volunteer responsibilities _____

Hours worked weekly _____ Supervisor's name _____

Organization's address _____

Organization's phone number _____

Do you own a personal vehicle or have reliable transportation? _____

Are you willing to undergo a police/driver's license check as part of the routine screening? _____

Driver's License # and State _____

Have you ever been convicted of a felony? _____

If yes, describe _____

How did you hear about the Elders Living Well project? _____

Are you fluent in any languages besides English? _____

What kind of volunteering would you like to do?

What interests are special to you that you would like us to know about such as hobbies, talents of yours, community involvement, religious affiliation, recreation and social activities?

How much time can you contribute to volunteering per week? _____

When are you available? Please specify days of the week and times:

Location Preference:

___ Northloop ___ Lakeside ___ Salina/Rosewood ___ Gaston

Emergency contact: Name _____ Relationship _____

Address _____ Phone _____

I hereby certify that I have responded accurately to all questions on this application.

Signature

Date