

COLUMBIA COUNTY SENIOR SERVICES, INC.
628 SE Allison Court
Lake City, FL 32025

VOLUNTEER PROFILE

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Email: _____

In case of emergency contact: _____

Emergency contact number: _____

Please tell us a little about yourself to help us match you with a volunteer position. (Information will be kept confidential)

Date of birth: _____

Are you retired? Yes _____ No _____

Previous type of work experience: _____

Please list the skills, abilities, or talents you feel would be an asset to Columbia County Senior Services. _____

Please list any community organizations to which you belong. _____

How were you referred to this agency? _____

Why do you wish to volunteer for Columbia County Senior Services, Inc.? _____

Approximately how much time are you interested in volunteering?

Hours _____ Daily _____ Weekly _____ Monthly _____ Special Events _____

Please provide three references with addresses and/or phone numbers. *(No relatives)*

1. _____

2. _____

3. _____

Please circle the area(s) of volunteering that interest you from the list below:

- ◇ Arts & crafts
- ◇ Computers
- ◇ Donation or prizes
- ◇ Exercise Room/Health
- ◇ Fund Raising
- ◇ Games/Bingo
- ◇ Landscape/Gardening
- ◇ Music/Entertainment
- ◇ Office/Administrative

What is your availability? Days: _____

Hours: _____