



Grace Martin Harwell Senior Center  
310 West Main Street  
Washington, NC 27889  
(252) 975-9368  
senior.center@washingtonnc.gov

### Volunteer Application

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Type of Volunteer Interest

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Bingo                   | <input type="checkbox"/> Dance                | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Fitness Room            | <input type="checkbox"/> Exercise Programs    | <input type="checkbox"/> Gardening    |
| <input type="checkbox"/> Checking Blood Pressure | <input type="checkbox"/> Advisory Committee   | <input type="checkbox"/> Tax Aid      |
| <input type="checkbox"/> Crafts                  | <input type="checkbox"/> Entertainment        | <input type="checkbox"/> Kitchen      |
| <input type="checkbox"/> Computer Lab/Technology | <input type="checkbox"/> Insurance Counseling | <input type="checkbox"/> Maintenance  |
| <input type="checkbox"/> Special Events          | <input type="checkbox"/> Librarian            |                                       |
| <input type="checkbox"/> Other _____             |   |                                       |

Present or Past Work/Volunteer Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When would you be able to volunteer? \_\_\_\_\_

\_\_\_\_\_

Are you available to volunteer or fill in on short notice?  Yes  No

Have you ever been convicted of an offense against the law other than a minor traffic violation?

Yes  No

If yes, please explain (you may use the back to complete) \_\_\_\_\_

\_\_\_\_\_

*Being convicted of a felony may prevent you from volunteering at the Senior Center but will not prevent you from participating. Answering untruthfully may prevent you from participating in Senior Programs.*

#### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing above I give my consent to a background check.*