

Bazetta Township Senior Watch Program

Volunteer Application Form

Contact Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____

Contact Number: _____ Home ___ Work ___ Cell ___

Other Number: _____ Home ___ Work ___ Cell ___

Preferred Method of Contact: E-Mail ___ Home ___ Work ___ Cell ___

Medical Emergency Contact: _____ Phone _____

Personal References

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Additional Information

Do you drive: ___ Do you have a vehicle available: ___ Drivers license number: _____

Have you ever been convicted of a crime: _____ If so ,what: _____

May we conduct a background check: _____

Brief employment history: _____

When would you be available: _____

Volunteer interests: (phoning, visiting, minimal handyman) _____

I have read and understand that this is a community service application and I am volunteering to participate in activities to improve the quality of life of the senior citizens of Bazetta Township.

Signature: _____ Date: _____