



# VOLUNTEER APPLICATION

Today's Date: \_\_\_\_\_  
(Month, Day, Year)

Full Name: \_\_\_\_\_  
(First, Middle, Last)

Date of Birth: \_\_\_\_\_  
(Month, Day, Year)

Mailing Address: \_\_\_\_\_  
(PO Box or Street Address, Apartment #, City, State, ZIP)

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ ( Home  Cell)

Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_ ( Home  Cell  Work)

**Previous volunteer experience:**

**Talents, special training, interests:**

**Limitations (physical, seasonal, employment, etc. – please be specific):**

**Why do you want to volunteer with the Council on Aging?**

**Do you speak or have a working knowledge of a foreign language other than English?**

Spanish  Russian  Other \_\_\_\_\_

**How did you hear about our volunteer program?**

**Please select the volunteer areas which interest you:**

- Front desk/ reception at the Council on Aging (COA) office in south Asheville
- Assisting with data entry, bulk mailings, or special projects
- Assisting COA with special events and/or fundraisers
- Transporting seniors to appointments or shopping
- Delivering food to homebound seniors once per month
- Assisting seniors with understanding and signing up for Medicare
- Other ideas: \_\_\_\_\_

*Do you have access to the equipment necessary to complete the tasks which interest you? (For example, volunteers who transport seniors or deliver food must have a reliable vehicle with access to GPS.) Please explain:*

**Availability:**

<b>Days</b>	<b>Times or N/A</b>
<b>Mondays</b>	
<b>Tuesdays</b>	
<b>Wednesdays</b>	
<b>Thursdays</b>	
<b>Fridays</b>	
<b>Saturdays</b>	
<b>Sundays</b>	

*Please provide any additional information regarding your availability and how frequently you would like to volunteer:*

**Please provide three personal references (not related to you):**

<b>Name</b>	<b>Relationship:</b>	<b>Email Address:</b>	<b>Phone:</b>
1			
2			
3			

<b>Emergency Contact:</b> _____ <b>Relationship:</b> _____ (First and Last Name)
<b>Daytime Phone:</b> (____) _____ <b>Email:</b> _____

*I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that by submitting this application I authorize inquires to be made concerning my employment, character, and public records to determine my suitability as a volunteer. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with the Council on Aging of Buncombe County.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit your completed application to:  
**Volunteer Services Specialist**  
**Council on Aging of Buncombe County, Inc.**

**46 Sheffield Cir.**  
**Asheville, NC 28803**

[kristinai@coabc.org](mailto:kristinai@coabc.org)

**Fax: (828) 277-8299**