

Iowa City/Johnson County Senior Center Volunteer Application

28 South Linn Street, Iowa City, IA 52240 / 319-356-5220

Date_____

Name_____

Birth Date_____

Address_____

City, State, Zip_____

Phone: Home_____ Cell_____ Work_____

Email_____

In case of emergency, contact_____

Relationship_____ Phone_____

Past experience, related training, skills_____

What volunteer job(s) are you interested in?

1. _____ 3. _____

2. _____ 4. _____

Are you seeking a volunteer assignment to fulfill a class requirement? Yes / No

If yes: Class name_____ Class instructor_____

Number of volunteer hours needed_____ Due date _____

Are you seeking a volunteer assignment to fulfill court-ordered community service? Yes / No

Which day(s) of the week are you available? M T W Th F Sa Su

What time(s) of day are you available? Mornings Afternoons Evenings

Are you available during University breaks? Spring Summer Thanksgiving Winter

Comments: _____

For office use only:

Volunteer position assigned_____

Notes_____

Start date_____ End date_____ Waiver_____ Name tag_____ Access card_____