



**SENIOR CONNECTIONS**

# Chicago Methodist Senior Services

## Senior Connections Volunteer Application

Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

### Employment History

Are you currently employed? Y N

Current/Last Employer: \_\_\_\_\_

Briefly summarize your work experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Previous Volunteer Experience

Date	Organization	Type of Activity
_____	_____	_____
_____	_____	_____

Do you have experience working with older adults? If yes, give a brief description of your activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer for Senior Connections? \_\_\_\_\_

\_\_\_\_\_

### References (List 2):

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_ Relationship \_\_\_\_\_

**Senior Connections**  
1123 Emerson St., Suite 200, Evanston IL 60201  
P: 847 869 0682



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**Education (Check highest level):** HS Diploma      HS GED      BA/BS MS      Other: \_\_\_\_\_

**Skills (Check all that apply):**

- Word       Excel       PowerPoint       Outlook       Internet       Web Design
- Blog       Writing       Research       Event Planning       Social Media       Community Outreach
- Marketing       Photography/Videography

Other: \_\_\_\_\_

Languages: \_\_\_\_\_

Hobbies/General Interests: \_\_\_\_\_

**Availability**

I am interested in volunteering:      Weekly      Monthly      Special Events      As Needed

Please list hours you are available on your preferred days.

Sunday \_\_\_\_\_ Thursday \_\_\_\_\_

Monday \_\_\_\_\_ Friday \_\_\_\_\_

Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_

Wednesday \_\_\_\_\_

Are you a student? Y N      Until what date will you be available? \_\_\_\_\_

**I am interested in a specific program:**

- Senior Connections Visiting Volunteer       Well Being Calls/Friendly Caller
- Office Help \_\_\_\_\_      Driver \_\_\_\_\_

**For Senior Connections Volunteers:**

Please check what you would be willing to do when you visit:

- Shopping       Reading       Writing       Light chores       Going out for coffee
- Car ride       Going for a walk       Minor repairs       Cards/Board Games       Music

Other Activities? \_\_\_\_\_

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**For Drivers:** For volunteers who wish to be drivers, it is mandatory that your valid driver's license and proof of current insurance must be submitted to Senior Connections. Senior Connections further requires that copies both documents (driver's license and proof of insurance) be updated with Senior Connections when new documents are issued by the State or your insurance company. **Applicant Initials** \_\_\_\_\_

**Authorization of Background Check:**

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission, or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize Senior Connections to conduct any investigation necessary concerning any part of my background related to the position I am seeking, including, but not limited to, the obtaining of a criminal background check. I authorize any of the persons or organizations named in this application to provide complete information and records regarding my employment, education, character and qualifications. I release all parties from any liability in connection with the provision and use of such information. **Applicant Initials** \_\_\_\_\_

**I have read and agree with the above.**

**Print Name:** \_\_\_\_\_

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