ELDER CARE SERVICES, INC. | AmeriCorps Seniors

Volunteer/Intern Application

Name:_____ Application Date:_____

Mailing Address:_____
Street City State Zip

Home Phone:_____ Cell Phone:_____ Date of Birth: _____
Month/Day/Year

E-mail address:_____ Bi-lingual: Yes☐ No☐ What Language: _____

Emergency Contact Information:

Contact #1:

Name:_____Relationship:_____

Phone: _____ Alternate Phone: _____

Contact #2:

Name:_____Relationship:_____

Phone: _____ Alternate Phone: _____

For Demographic Tracking Purposes Only with Volunteer's Consent

Race:_____ Hispanic: Yes☐ No☐ Sex:_____ Gender Fluid: ☐

Veteran: Yes☐ No☐ Disabled: Yes☐ No☐ LGBTQIA: Yes☐ No☐

Do you consent to the agency performing, or arranging for a criminal history check in accordance with the requirements for the volunteer program? Yes☐ No☐

Any Previous Volunteer Experience:_____

Current or Former Occupation:_____

Do you drive? Yes☐ No☐ Driver's License Number:_____

Current Auto Insurance Company:_____

Required for Free Excess Automobile Liability Insurance Coverage provide **Failure to provide this information will result in volunteer being classified as a NON-DRIVER and ineligible for Excess Auto Liability Coverage. **

Please check ALL areas of interest for potential volunteer service:

☐ Meals on Wheels ☐ Adult Day Center ☐ Transportation ☐ Special Events

☐ Office/Clerical ☐ Telephone Reassurance ☐ Food Distribution ☐ As needed/other

Other notes: _____

How did you hear about the program? _____

Volunteer Signature:_____

PLEASE EMAIL COMPLETED APPLICATION TO INFO@ECSBIGBEND.ORG
OR MAIL TO 2518 W. TENNESSEE STREET, TALLAHASSEE, FL 32304

For Staff Use Only

Copy of Identification/DL obtained and age verified: Yes☐ No☐

Veteran: Yes☐ No☐ and/or Family currently serving: Yes☐ No☐

Volunteer Station Placement: _____***Placement Start Date (Anniversary Date):*** _____

Staff making placement: _____