

# VOLUNTEER INTAKE FORM - CHARLTON SENIOR CENTER

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: (IF DIFFERENT) \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## EMERGENCY CONTACTS:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## TASKS: (CHECK ALL THAT APPLY)

Greeter       Transportation       Newsletter       Office/Clerical

Kitchen       Stocking Food       Cleaning       Decorating

Trip Coordinator       Music/Entertainment       Golden Age Club

Friendly Friends of Charlton Seniors, Inc.       Council on Aging

Games/Cards       Crafts       Teach/Class: \_\_\_\_\_

Intergenerational

Other \_\_\_\_\_

CORI required: Date completed \_\_\_\_\_

OK

NOT OK