



Community Senior Services

## Volunteer Interest Form

Please return to: Development Department, 4250 Lakeside Drive, Suite 116, Jacksonville, FL 32210  
Phone: (904) 807-1203 • development@agingtrue.org

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Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

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**Volunteer Activities** - Below is a list of different activities we offer throughout the year to support Aging True programs. Please check any activities you are interested in:

- |   |   |
|---|---|
| <input type="checkbox"/> Arts & Crafts                  | <input type="checkbox"/> Pet Meals on Wheels support    |
| <input type="checkbox"/> Delivering gifts/donated items | <input type="checkbox"/> Serving food at Cathedral Cafe |
| <input type="checkbox"/> Caregiver relief               | <input type="checkbox"/> Special Events                 |
| <input type="checkbox"/> Fundraising/Golf Tournament    | <input type="checkbox"/> Delivering Meals on Wheels     |
| <input type="checkbox"/> Administrative support         | <i>zip code preferred: _____</i>                        |

◆ Stay Connected! Yes – please add me to Aging True’s mailing list or e-communications:

- mailing list  e-communications

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I hereby authorize Aging True and any agents thereof permission to perform a check of my background to include criminal history and driving record and any other source as appropriate for the volunteer job I have expressed interest in. I understand that the information collected will be limited to that appropriate to my eligibility as a volunteer and all information will be kept confidential.

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

*Our Mission: "Providing essential and innovative resources for individuals, families, and communities to prepare for and support graceful aging."*