

# Volunteer Interest Form

County interested in volunteering

Duval County  Clay County

## Volunteer Information

Date: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

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

Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit / Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

How long have you lived at the address above? \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact Full Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## List One Reference (Not a Family Member)

Reference Full Name: \_\_\_\_\_

Reference Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Do you have any prior volunteer experience or special training?

Previous volunteer experience: \_\_\_\_\_

What days & times would you be available? \_\_\_\_\_

### Activities you are interested in:

- Administrative Support  Meal Delivery  Telephone Reassurance  
 Caregiver Relief  Arts & Crafts  Meal Site Assistance  Adult Day Care  
 Clay Senior Center Programming (Games, Bingo, Classes)  Personal Services

## I want to stay connected! Please add me to Aging True's communications list!

Add me to the List!  Not at this time.