

Newark Senior Center
200 White Chapel Dr, Newark, DE 19713
(302) 737-2336
Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell Phone: _____

Email: _____

Have you been convicted of a felony within the past five years? Yes No

If yes, please explain: _____

Date of Birth: _____ Are you a student? Yes No

What school do you attend? _____

What grade or year are you in? _____

If college student, what is your major? _____

Are you required to do volunteer hours? Yes No

If yes, For what? _____ How many hours? _____

When do you have to have the hours completed by? _____

Have you done other volunteer work? Yes No

If yes, where and what did you do? _____

Why do you want to volunteer at NSC? _____

What type of work would you like to do at NSC? _____

List any hobbies or interests: _____

List any skills, training or special knowledge: _____

Where did you hear about the Newark Senior Center? _____

Please indicate the hours you are available:

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Weekends _____

Please provide 3 personal or professional references:

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

In case of emergency, please contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Medical information we should be aware of in case of an emergency (allergies, special medications, and/or conditions):

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____ Date: _____

Please return to:

Jessica Feinberg
Development Coordinator
200 White Chapel Dr
Newark, DE 19713
302-737-2336
jfeinberg@newarkseniorcenter.com