

OCCOA Volunteer Application

Volunteer Name: _____
(Please Print)

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Contact & Phone: _____

What type of volunteering are you interested in? *(check all that apply)*

- Assist setting up dining room for new month/season/holiday
- Restock table accessories (fill salt & pepper, change out calendars, etc.)
- Help with Bingo (call & give out prizes) or help organize other activities for dining room
- Lead activities for dining room (light exercise, arts and crafts, trivia, etc.)
- Help in serving lunch
- Help in cleaning up after lunch is served
- Help plate home delivery meals (mornings)
- Other: _____

What is your availability? *(please circle)*

- Monday Tuesday Wednesday Thursday Friday
- Mornings Afternoons
- Other: _____

(i.e.: 1st Tuesday of every month, every other Friday, etc.)

Are you available to fill-in if/when needed? Yes No

If so, how much lead time do you need? _____

What prompted you to want to volunteer at the Council on Aging? _____

What other interests do you have that you would be willing to share with the members of the OCCOA?
