



# AGE WELL AT HOME

## ACTIVE AGING PROGRAMS

*Catholic Charities of Southern MN*

111 Market Street, Winona, MN 55987

### Volunteer Application Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ month/day/year

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Previous work experience: \_\_\_\_\_

Special skills, interests, hobbies, training: \_\_\_\_\_

Volunteer Work Desired: (check as many as you like)

- ☐ Driver
- ☐ Chore Service
- ☐ Light Housekeeping
- ☐ Companionship\Friendly Visits\Respite
- ☐ Telephone Assurance Calls
- ☐ Light Home Maintenance

Hours Available (please mark the number of hours available to give in desired time slots)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM							
Evening							

Would you be available on short notice? Yes No (circle one)

## References

List three people unrelated to you who have know you for at least 2 years:

*Name*

*Address*

*Phone*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I understand that in my capacity as an Age Well at Home volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my ability as a volunteer and not to disclose it during or after my service as a volunteer has ended.

I understand that a criminal background check is required for all volunteers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date