

MASONIC VILLAGE AT BURLINGTON

APPLICATION – SENIOR VOLUNTEER PROGRAM

Today's Date _____

Name _____

Address _____
Street City State Zip Code

Home Phone (____) _____ Business Phone (____) _____

Birth Date _____ (optional)

Have you ever been convicted of a crime? If yes, please explain _____

Area of service you are interested in _____

Skills/interests you would like to share _____

Do you have relatives of friends who are residents, employees or volunteers at the home?
If yes, please list _____

Community affiliations (Church, Clubs Masonic Lodge, O.E.S.. etc.) list _____

Volunteer experience _____

Circle the Days you are available: SUN. MON. TUES. WED. THUR. FRI. SAT.

Check the time (s) you are available: _____ 9am/2pm _____ 10am/4pm _____ 12pm/5pm
_____ 5pm/7pm _____ Other

IN CASE OF EMERGENCY, PLEASE CONTACT: _____

RELATIONSHIP _____ TELEPHONE _____