



# VOLUNTEER APPLICATION

Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Volunteer Experience:

Talents, special training, interests:

Limitations: (physical, travel, etc. – please be specific):

Availability:

Days	Times or N/A
<b>Mondays</b>	
<b>Tuesdays</b>	
<b>Wednesdays</b>	
<b>Thursdays</b>	
<b>Fridays</b>	
<b>Saturdays</b>	
<b>Sundays</b>	

Please explain your time flexibility and how frequently you would like to volunteer:

Person to notify in the event of an emergency: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

Please select the volunteer areas you are interested in:

- ☐ Front desk/ reception at the Council on Aging (COA) office in south Asheville
- ☐ Assisting with data entry, bulk mailings or special projects at the COA office
- ☐ Assisting COA with special events and/or fundraisers
- ☐ Transporting seniors to appointments or shopping
- ☐ Delivering food to homebound seniors once per month
- ☐ Assisting seniors with understanding and signing up for health insurance or Medicare
- ☐ Other \_\_\_\_\_

Do you have access to the equipment necessary to complete the tasks you are interested in? Please explain:

How did you hear about the Council on Aging of Buncombe County?

Why do you want to volunteer with the Council on Aging?

Do you speak or have a working knowledge of a foreign language other than English?

☐ Spanish      ☐ Russian      Other \_\_\_\_\_

Please provide three references (not related to you):

Name	Relationship:	Email Address:	Phone:
1			
2			
3			

By my signature, I certify that I have completed this application, and that all information is true and accurate to the best of my knowledge. I understand that this application does not constitute a contract and I may need to provide additional information and undergo a criminal background check, depending on which volunteer opportunities I pursue. I also understand that there may not be an immediate placement available.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Council on Aging staff

\_\_\_\_\_  
Date

Completed applications may be returned to the Council on Aging of Buncombe County  
at [info@coabc.org](mailto:info@coabc.org) or 46 Sheffield Circle, Asheville, NC 28803.