

## SILVER SAGE VOLUNTEER APPLICATION

803 Buck Creek Drive ~ P.O. Box 1416 ~ Bandera, TX 78003-1416  
(830) 796-4969; fax (830) 796-8970

**Thank you** for your interest in volunteering for the Silver Sage Senior Center. We'd love to know more about you. There are numerous ways in which our volunteers contribute. Please complete the information requested to the best of your ability.

Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Last 4 SSN \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ 1<sup>st</sup> Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

If this is not your permanent address or you have lived at this address less than 3 years, please indicate your previous or permanent address:

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

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Car Insurance: \_\_\_\_\_ Number of tickets in last 3 years: \_\_\_\_\_

Number of accidents in last 3 years: \_\_\_\_\_ Have you ever been convicted of DWI/DUI? \_\_\_\_\_

Have you ever been convicted of a Misdemeanor or Felony? \_\_\_\_\_

Please provide us with 2 local references:

<b>Reference #1</b>	<b>Reference #2</b>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____

### Emergency Contact

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

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

I am primarily interested in the following areas:

- Preparing meals for Meals on Wheels       Meals on Wheels Driver or Assistant  
 Helping at the Front Desk       Office Work  
 Assisting at the Thrift Store       Leading Classes and Activities  
 Other (please describe): \_\_\_\_\_

Indicate the hours for each day of the week you are available. The Silver Sage is open 8 a.m. – 3 p.m., Monday-Friday; the Thrift Store is open 10:00 a.m. – 3:00 p.m. Monday-Saturday.

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

Until what date are you available to help us (if limited)? \_\_\_\_\_

**Eligibility**

- Must be 21 years of age or older to be certified as program volunteer
- No prior felony convictions
- Must be willing to allow a background check
- Car insurance is required

**BACKGROUND INQUIRY RELEASE**

**In connection with my volunteer application with the Bandera County Committee on Aging, Inc., dba the Silver Sage Corral Senior Activity Center, I understand that as directed by Silver Sage Corral policy and consistent with volunteer responsibilities, you will be requesting information from public and private sources about my driving record, court record, and references.**

**I understand that the provided information above is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date