

The Newark Senior Center's
Homebound Nutrition Program
200 White Chapel Dr. Newark, DE 19713
302-737-5747

Volunteer Application

The Newark Senior Center is a nonprofit, equal opportunity agency dedicated to a policy of non-discrimination on any basis, including race, color, age, sex, religion, disability, and national origin. Our agency serves clients age 60 and over who may have numerous medical problems. Due to the fact that you will be dealing with confidentiality, and the potential for emergency situations or hazardous road conditions, the following information is requested to protect you and The Newark Senior Center.

FOR OFFICE USE ONLY

Date Trained: _____
Placement: _____
References: _____
Start Date: _____
On Schedule: _____
Mailing List: _____
End Date: _____

Date: ____/____/____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: home: (____) _____ work: (____) _____

cell: (____) _____

Email Address: _____ Date of Birth: ____/____/____

Are you employed? Yes No

If "yes", where?: _____ How long?: _____

In case of emergency, contact:

Name: _____

Address: _____

Relationship: _____ Phone#: _____

Do you have a valid driver's license? Yes No

Issuing state: _____ Number: _____ Exp. Date: _____

Do you have use of a reliable vehicle? Yes No

Do you have proof of insurance? Yes No

If "yes", Carrier _____ Policy # _____

Availability: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

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Are you required to do volunteer hours? ____ Yes ____ No

If yes, For what? _____

Personal References:

List below two people not related to you, whom you have known for at least 1 year

Name: _____ Phone Number _____

How long have you known this person? _____

In what capacity?

Name: _____ Phone Number _____

How long have you known this person? _____

In what capacity?

I certify that the facts contained in this application are true and complete to the best of my knowledge.

I understand that in the event of being assigned a volunteer position, I must agree to abide by all rules and regulations set forth by The Newark Senior Center. I also understand that all information about The Newark Senior Center and the clients served by this program is to remain strictly confidential.

I authorize Newark Senior Center to contact the references I have listed above for disclosure of information regarding character and general reputation.

I have read and agree to abide by the Volunteer Code of Ethics.

Signature: _____ Date: _____

Please attach photocopy of proof of identification and insurance.