



Volunteer for AWS

Name: _____

Mailing Address: _____

Phone: _(_____)_____

Email Address: _____

Emergency Contact

- Name: _____
- Relationship: _____
- Phone: _(_____)_____

How did you hear about us? _____

Why are you interested in volunteering for Aging with Support?

Highest level of education? _____

Special skills/certifications(if any)? _____

Level of experience working with older adults (check one):

- Level 1 (0-1 year)
- Level 2 (1-5 years)
- Level 3 (5-10 years)
- Level 4 (10+ years)

Availability (check all that apply)

AM: 8-12, PM: 12-4

- Monday AM**
- Monday PM**
- Tuesday AM**
- Tuesday PM**
- Wednesday AM**
- Wednesday PM**
- Thursday AM**
- Thursday PM**
- Friday AM**
- Friday PM**
- Saturday (all-day events)**

Interest areas of volunteer (check all that apply):

- Classes/Events- facilitate and demonstrate**
- Fundraising- be part of the cause**
- C.E.P. program- accompany individuals to medical appointments**
- Office- appointment setup, phone calls, data entry, etc.**
- Community representative- outreach/awareness**
- Community educator- Medicare training and project development**

****All applicants must pass a background check and sign a volunteer consent form***

Significant

Date

Mail to:

**2 First Avenue
Grand Ronde OR 97347**

Fax to:

(503) 217-6067

Email to:

volunteers@aws1.org