



SOUTH MADISON COALITION OF THE ELDERLY VOLUNTEER APPLICATION

128 E. Olin Ave, Suite 110, Madison WI 53713
608-251-8405 volunteer@smcelder.com

Applicant Information

Full Name: _____ Application Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ E-mail Address: _____

Work Phone: () _____ May we call you at work: Yes NO Birth Date _____

Occupation: _____

Employer: _____

Address: _____ Supervisor: _____

Volunteer Preferences

Volunteer Position: _____

Preferred Schedule: weekly monthly bi-monthly Available Hours: _____

Hobbies: _____ Special Interest: _____

Volunteer Experience: _____

Do you have transportation Yes No Public Transportation: Yes No

Do you Speak a Foreign Language: Yes No

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Criminal Background Check

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Authorization and Signature

I authorize the staff of the South Madison Coalition of the Elderly staff to contact personal reference and to check with the appropriate authorities' matters of public record concerning my background as related to this volunteer position. I understand this information will be kept confidential.

Signature: _____ Date: _____