



South Madison Coalition of the Elderly

128 E. Olin Ave. Suite 110 Madison WI 53713

volunteer@smcelder.com. 251-8405

Volunteer Applicant Information

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

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

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

Ethnicity _____ Gender : Male female

Work Phone: () _____ May w call you at work? Yes No Birth Date _____

Occupation: _____

Employer: _____

Address: _____ Supervisor: _____

Volunteer position: _____ Available hours: _____

Preferred schedule: weekly monthly bi-monthly

Hobbies: _____ Special Interest: _____

Volunteer experience: _____

Do you have transportaion? yes no Public Transportation? yes no

Do you Speak a Foreign Language? yes _no What language?

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____ Email: _____

Full
Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____ Email: _____

Criminal Background Check

Because volunteers work with a vulnerable population, background checks are performed before you are matched with an older adult.

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: _____