



70 Temple Street
 Nashua, NH 03060
 603-889-6155

OVER 40 YEARS OF SERVICE TO THE NASHUA COMMUNITY

Volunteer Application

Name:		Today's Date:	
Home Address:			
City and State:		Zip Code:	
TELEPHONES			
Home:	Work:		Cell:
Emergency Contact:		Phone:	
Birthday (month/day/year):		E-mail:	

Ethnicity:	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> White	<input type="checkbox"/> Other:

Education:	<input type="checkbox"/> High School	<input type="checkbox"/> Some College/Tech Training
	<input type="checkbox"/> BA, BS	<input type="checkbox"/> MA/MS Major:
	<input type="checkbox"/> MD	<input type="checkbox"/> PhD

Previous Work Experience:
Clubs or Organizational Affiliations:
Previous Volunteer Experience:

SKILLS OR TRAINING	
<input type="checkbox"/> Keyboarding/Word Processing	<input type="checkbox"/> Food Service/M Meal Prep
<input type="checkbox"/> Computer Knowledge	<input type="checkbox"/> Health Service: RN, PT, OT, Aide
<input type="checkbox"/> Gardening	<input type="checkbox"/> Photography
<input type="checkbox"/> Sales Experience	<input type="checkbox"/> Public Relations/Television
<input type="checkbox"/> Performer: <small>Click or tap here to enter text.</small>	<input type="checkbox"/> Reception/Greeter/Visitor Services
<input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Supervisory/Experience Leadership
<input type="checkbox"/> Other Language(s): <small>Click or tap here to enter text.</small>	<input type="checkbox"/> Other:

AREAS OF INTEREST	
<input type="checkbox"/> Program Instructor	<input type="checkbox"/> Store/Shop
<input type="checkbox"/> Discussion/Program Leader	<input type="checkbox"/> Front Desk
<input type="checkbox"/> Membership Office	<input type="checkbox"/> Trip Office
<input type="checkbox"/> Class Instruction	<input type="checkbox"/> Registration/Check-in
<input type="checkbox"/> Board of Directors/Committees	<input type="checkbox"/> Word Processing: Posters, Flyers, Lists
<input type="checkbox"/> Computer Support	<input type="checkbox"/> Mailings/Clerical
<input type="checkbox"/> Special Events/Activities	<input type="checkbox"/> Library
<input type="checkbox"/> Refreshment Host/Socials	<input type="checkbox"/> Group Leader
<input type="checkbox"/> Wherever Needed	<input type="checkbox"/> Gardening
<input type="checkbox"/> Intergenerational	<input type="checkbox"/> Computer Buddy Program
<input type="checkbox"/> Other:	

AVAILABILITY
<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Flexible <input type="checkbox"/> Specific Days:
Best times (specify am, pm, after):
Expected level of services: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasional
Are you meeting a requirement for service hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours and by what date: _____ hours by _____
<i>Some volunteer opportunities require a minimum of six months of commitment.</i>

TWO REFERENCES: SPECIFY "PERSONAL" OR "WORK"
<input type="checkbox"/> Personal <input type="checkbox"/> Work Name: _____ Phone Number: _____
<input type="checkbox"/> Personal <input type="checkbox"/> Work Name: _____ Phone Number: _____
What physical/medical limitations should be considered when arranging volunteer assignments?

How did you learn of the Senior Activity Center's Volunteer Program?
<input type="checkbox"/> Friend <input type="checkbox"/> Newsletter <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Website <input type="checkbox"/> Other:

VOLUNTEER RELEASE FORM
Liability Waiver: I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the City of Nashua, its Board and Commission and their officers, agents, and employees from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during volunteer service.
Confidentiality: I understand that volunteers are responsible for maintaining the confidentiality of all privileged information to which they may be exposed while serving as a volunteer. This information may include personal information about staff, participants, and other volunteers or overall agency business.

Signature of Volunteer

Signature of Parent/Guardian
(if volunteer is under 18)

Date

Return form to:
Margaret Bell, Volunteer Coordinator
Senior Activity Center, 70 Temple Street, Nashua, NH 03060
(Email: mbell@nashuaseniorcenter.org or call for an appointment at 603-889-6155)