

Albert Harris Senior Center
VOLUNTEER INTEREST FORM

Name _____ Date _____

Address _____ City, town, zip _____

Home Phone _____ Cell _____

Email _____

Preferred method of contact: (circle) Home Cell Email

Emergency Contact _____ Relationship _____

EC Phone _____ Cell _____

What is your background, skills, interests, hobbies _____

What type of volunteer opportunities are you interested in:

___ Administrative/clerical/data entry ___ Instructor Type: _____

___ Kitchen help ___ Presenter Type: _____

___ Meals on Wheels drivers ___ Sir William Readers

___ Special Events ___ Pen Pal Letters

___ Newsletter delivery ___ Other: Please share your ideas _____

I prefer to volunteer ___ on a regular schedule ___ on occasion

What weekdays & times are you available: (circle)

Mon Tue Wed Thurs Fri Mornings Afternoons Evenings

Please note: We are required to conduct a Core (Criminal Offender Record Information) background check on all staff and volunteers 18yrs and older. Your MA state issued driver's license/ID must be presented and copied when you submit this form. **NH residents - please see Laura as the form and process is different from MA.**