

TOWN OF MARSHFIELD

COUNCIL ON AGING

Senior Center

230 Webster Street, Marshfield, MA 02050 Tel: (781) 834-5581 Fax: (781) 834-5567 Email: marshcoa@comcast.net

VOLUNTEER APPLICATION

	Date:
Name:	
	Mailing Address if different
Town:	Zip:
	Cell:
Email:	
Date of Birth:	
Emergency Contact Name:	
Contact Phone Number:	
Additional details you wish to not limitations, other emergency con	te (including important medical information, physical tacts, etc.)
Do you have a car for volunteer when did you hear about our volu	work? YES NO (Circle One) Inteer opportunities?
Work/Volunteer Experience	
1	
2	
3	
Special interests, hobbies, talent	s:

I am interested in: (Check all that apply) Nutrition Site Worker COA Newsletter Collator COA Newsletter Distribution Receptionist Gift Shop Clerk Librarian Host/Hostess Intergenerational Activities Class Instructor Specify Bus Escort		Book Delivery Program Meals on Wheels Driver Medical Appointment Driver Food Shopper Friendly Visitor Tax Preparation Computer Counselor/Coach Data Entry Building & Grounds Maintenance COA Booster Support Handyman/Home Repair Other
Please fill in the time for da	ys you are availa	ble to volunteer:
Day	From	То
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
• •		by acknowledge that the Marshfield Council on Aging al Offense Record Inquiry (CORI) on me.
Signature:		Date:
Completed applications may Marshfield Council on Agi between the hours of 8:30 to	y be mailed or ha i ng, 230 Webste i o 4:30, Monday tl	
For office use only: CORI Submitted Excel Input		ReceivedThank you note cacker Input Contacted