Antrim County Commission on Aging

VOLUNTEER APPLICATION

Name_____

Address_____Zip _____

Phone (Home) _____ (Cell) _____

Email _____

Emergency contact _____Phone _____

Past Volunteer Experience _____

_____

_____

Current or Previous Employment _____

_____

TIME AVAILABLE FOR VOLUNTEERING
(Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

Weekly Semi-weekly Monthly As Needed

Morning Afternoon

Hobbies, interests, skills: _____

How would you like to help this organization?_____
(M.O.W's, Newsletter, Kitchen, Etc.)