

*White Rose Senior Center
27 South Broad St.
York, PA 17403*

VOLUNTEER APPLICATION

Date: _____ Home Phone #: _____
Name: _____ Work Phone #: _____
Address: _____ Social Security #: _____
Birth Date: _____

Hours Available:
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Emergency Contact:
Name: _____
Address: _____
Phone #: _____

Primary Care Physician:
Phone #: _____

List two personal reference who have known you for at least one (1) year.

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Check any volunteer jobs that you are interested in:

_____ Home Delivered Meals	_____ Housekeeping
_____ Lead group projects	_____ Office support
_____ Assist Center with programming	_____ Other

List any special skills: _____

I understand that as a volunteer I will maintain complete confidentiality concerning all information about participants and/or the Center.

Signature: _____ Date: _____

I permit the Center to use my name and photograph as a volunteer for publicity purposes.

Signature: _____ Date: _____