



VOLUNTEER APPLICATION

Want to support our mission? Consider joining our team!

OUR MISSION: "TO ENHANCE THE QUALITY OF LIFE AND ADVOCATE THE RIGHTS AND RESPONSIBILITIES OF ADULTS AGED 50 AND ABOVE IN BERMUDA."

CONTACT INFORMATION

NAME: _____

DATE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

PREVIOUS VOLUNTEER EXPERIENCE

PLEASE TELL US WHY YOU WOULD LIKE TO VOLUNTEER WITH AGE CONCERN BERMUDA.

PLEASE TELL US OF ANY PREVIOUS VOLUNTEER EXPERIENCE YOU HAVE.

INTEREST/QUALIFICATIONS

CAN YOU SHARE WITH US ANY PAST OR CURRENT OCCUPATION(S)? HOBBIES? ANY SPECIAL SKILLS OR QUALIFICATIONS THAT YOU THINK WOULD BE OF ASSISTANCE TO US?

TELL US WHICH AREAS YOU ARE MOST INTERESTED IN VOLUNTEERING?

- | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|
| PHONE CALLS | <input type="checkbox"/> | CAMPAIGNS | <input type="checkbox"/> |
| MASS MAIL | <input type="checkbox"/> | EVENTS | <input type="checkbox"/> |
| OFFICE ADMINISTRATION | <input type="checkbox"/> | ACCOUNTING ADMIN SUPPORT | <input type="checkbox"/> |
| DATA ENTRY | <input type="checkbox"/> | OTHER: _____ | |



AVAILABILITY

PLEASE CHECK ALL THAT ARE APPLICABLE:

- | | | | | | |
|--------------------|--------------------------|--------------------|--------------------------|-----------------------|--------------------------|
| WEEKDAY MORNINGS | <input type="checkbox"/> | WEEKEND MORNINGS | <input type="checkbox"/> | AS NEEDED | <input type="checkbox"/> |
| WEEKDAY AFTERNOONS | <input type="checkbox"/> | WEEKEND AFTERNOONS | <input type="checkbox"/> | ONCE A WEEK | <input type="checkbox"/> |
| WEEKDAY EVENINGS | <input type="checkbox"/> | WEEKEND EVENINGS | <input type="checkbox"/> | MORE THAN ONCE A WEEK | <input type="checkbox"/> |

EMERGENCY - PERSON OF CONTACT

NAME: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

AGREEMENT AND SIGNATURE

BY SUBMITTING THIS APPLICATION, I AFFIRM THAT THE FACTS SET FORTH IN IT AND TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM ACCEPTED AS A VOLUNTEER, ANY FALSE STATEMENTS, OMISSIONS, OR OTHER MISREPRESENTATIONS MADE BY ME IN THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISMISSAL.

NAME (PRINTED): _____

SIGNATURE: _____

DATE: _____

OUR POLICY

IT IS OUR POLICY OF THIS ORGANIZATION TO PROVIDE EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL PREFERENCE, AGE OR DISABILITY.

*Thank you for completing this application form and
for your interest in volunteering with Age Concern Bermuda!*

AGE CONCERN BERMUDA

238-7525

P.O. Box HM 2397, HAMILTON, HM JX

AGECONCERN.BM

ACTIVE ON SOCIAL MEDIA? STAY INFORMED!

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