Putnam County Aging Program

Volunteer Application

2558 Winfield Road, Saint Albans, West Virginia 25177
Phone: (304) 755-2385

Basics

_____ _____
Last Name First Middle Today's Date

_____ _____
Mailing Address Primary Telephone

_____ _____
City, State, Zip Code Date of Birth

Availability

☐ Central Office ☐ Buffalo Center ☐ Hometown Center ☐ John Henson Center

Monday	Tuesday	Wednesday	Thursday	Friday
From: To:	From: To:	From: To:	From: To:	From: To:

Other Details

Would you be willing to answer the phones? ☐ Yes ☐ No
Would you be willing to assist with making phone calls? ☐ Yes ☐ No
Would you be willing to assist with clerical duties (Filing, etc.) ☐ Yes ☐ No
Would you be willing to assist with cleaning duties? ☐ Yes ☐ No
Would you be willing to assist with cooking? ☐ Yes ☐ No
Would you be willing to assist with outdoor chores (Weed-eating, mowing)? ☐ Yes ☐ No
Would you be willing to drive a meal truck? ☐ Yes ☐ No
Would you be willing to sit with seniors? ☐ Yes ☐ No
Would you be willing to drive a medical transport van? ☐ Yes ☐ No
Would you be willing to drive a non-medical transport van? ☐ Yes ☐ No

Do you have a Food Handler's Card? ☐ Yes ☐ No
Do you have a valid Driver's License? ☐ Yes ☐ No

Other skills/experience: _____

_____

Do you have reliable transportation to and from volunteer location? ☐ Yes ☐ No

How did you hear about Putnam Aging: _____

Agreement

I certify that the information provided in this Application is true, correct, and complete. If accepted, I understand that any misstatement or omission of fact on this application may result in my volunteer status being revoked.

I understand that if accepted as a volunteer that would not constitute an offer of employment and would not create any obligation on Putnam County Aging Program to employ me in the future.

Signature _____ Date: _____

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Prospective volunteers will receive consideration without discrimination due to race, creed, color, sex, sexual orientation, age, national origin, handicap, union activity, or veteran status.