

**MUSKINGUM COUNTY CENTER FOR SENIORS
VOLUNTEER APPLICATION**

BASIC INFORMATION:

Name _____		
Street Address _____	City _____	Zip _____
Home Phone _____	Business Phone _____	
E-mail Address _____		

EMPLOYMENT HISTORY:

Are you currently employed?	Yes _____	No _____
If yes , please list your employer _____		
Current Occupation _____		
If no , please list your former employer _____		
Former Occupation _____		

EDUCATION AND TRAINING:

Please circle the highest level attained:	
Junior High	High School Graduate or GED
College Degree: Associate, Bachelor, Masters or above	
Other Special Training _____	

MISC. INFORMATION:

Why do you want to volunteer for Muskingum County Center for Seniors? _____
How did you hear about our Volunteer Program? _____
Please list any special skills and interest _____

MUSKINGUM COUNTY CENTER FOR SENIORS
Worker and Volunteer Emergency Information Sheet

Name _____

Address _____

Telephone _____

E-mail _____

Month and Day of Birth _____

Allergies _____

Medications Regularly Taken _____

Your Doctor _____ Phone number _____

Your Dentist _____ Phone number _____

EMERGENCY INFORMATION:

In case of emergency, please contact:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Center for Seniors

Dear Volunteer,

The Muskingum County Center for Seniors is proud of our volunteers and wants to share news about activities, events, and happenings that occur in the Center with the community. This may be done through publications, the Center's web page on the Internet or local media including, but not limited to, television, radio or the newspapers. To respect your right to privacy, we are requesting that you notify us in writing by completing the form at the bottom of this page, if you have any objection to your name and/or photo appearing in such publications.

Thank you.

I agree to having my name and/or photo appearing in Senior Center publications, the Centers' web page on the Internet or local media including, but not limited to, television, radio or the newspapers.

Permission is NOT granted for picture or name publication.

Name _____ (Please Print)

Signature

Date