

Pagosa Springs Senior Center

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

PHONE: _____

CELL: _____

Have you been convicted of a felony within the past five years? Yes No

If yes, please explain: _____

Are you a student? Yes No Date of Birth: _____

What school do you attend? _____ Grade: _____

Have you done volunteer work before? Yes No

If yes what kind of volunteer work did you do? _____

Please give physical addresses and dates for previous 5 years: (Enter as: MM/DD/YY)

Please check the what area you would like to service:

Dining Room _____ Kitchen _____ Front Desk _____
Meals on Wheels _____ Newsletter _____ Arts & Crafts _____
Music _____ Technology _____ Miscellaneous _____

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I am interested in serving on the Area Agency on Aging Board. Yes No

When are you available to volunteer and for how long?

Time of Day	Day of Week M-T-W-T-F	How often per week	For how long (Days, months, etc.)

Signature _____

Date _____

Archuleta Seniors, Inc.

P. O. Box 3444

Pagosa Springs, CO 81147-3444

970-264-2167

I, _____ authorize ASI to run a criminal
Background check.

My social security number is: _____

My date of birth is: _____

I understand that my eligibility for employment is contingent upon
passing the criminal background check.

Signature: _____

Date: _____