



# AIKEN SENIOR LIFE SERVICES

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best form of contact:  Call  Text  E-mail  Other \_\_\_\_\_

Address, including ZIP: \_\_\_\_\_

\_\_\_\_\_

Regular Occupation: \_\_\_\_\_

*The areas below represent our needs for volunteers. Select the areas in which you feel you can best help. Training will be Provided for the specific area(s) chosen. Please check all that apply:*

### NUTRITION

Deliver meals to homebound senior citizens in:

Aiken / Graniteville

North Augusta

Gloverville

Wagener

Jackson

Deliver frozen or shelf-stable meal kits (dried and canned food) to homebound senior citizens in rural areas once a month

### ENRICHMENT

Help set up events/activities

Help with check-in for events/activities

Attend events/activities to be of assistance to presenters and guests

Help plant, weed, water, and/or harvest the community garden

Present or lead enrichment activity/group on a topic of your interest or specialty

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LET'S GO BINGO!

- Help set-up for bingo
- Work reception, greet guests, & collect cover charge
- Sell tickets
- Work concessions
- Grill
- Operate digital game board
- Operate as a floor runner & pay out cash prizes
- Help break down after bingo (stack chairs, dismantle bingo equipment)

## MISC

- Perform clerical work
- Help with grounds/building upkeep & maintenance
- Call seniors at home to provide a "wellness Check"

Other things you would like to do: \_\_\_\_\_

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What days of the week are you available to volunteer?  Mon  Tues  Wed  Thurs  Fri

How often are you available to volunteer?  Bi-weekly  Weekly  Every Other Week  Monthly

For those delivering meals, which weeks of the month are you available?

1<sup>st</sup> week  2<sup>nd</sup> week  3<sup>rd</sup> week  4<sup>th</sup> week  5<sup>th</sup> week

How did you hear about us?

- Social Media
- Print
- Word of mouth
- Television
- Website
- Google Search
- Other

Please specify further: \_\_\_\_\_



## VOLUNTEER BACKGROUND CHECK AUTHORIZATION

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

\_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Social Security Number (Only if volunteering for Let's Go Bingo): \_\_\_\_\_

I understand that the above information will be used to conduct a criminal records check and I hereby give my permission for criminal records to be done through the South Carolina Law Enforcement Division (SLED) or any other Law enforcement agency.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date