

SOS Volunteer Commitment & Service Application

Name: _____ Phone (Home)_____

Address: _____ (Work)_____

City, State Zip: _____ (Cell)_____

Email: _____ Preferred Contact Method: ☐Phone ☐EmailLength of Time in Maricopa County: _____ Date of Birth __/__/____ ☐Male ☐Female

Congregation: _____

Occupation: (Past or Present) _____

Employer: _____

Emergency Contact: (Name & Phone #) _____

In your free time what do you like to do? (Check all that apply):

☐ Playing ball ☐ Playing piano ☐ Reading ☐ Taking walks
☐ Board games ☐ Card games ☐ Craft projects Other _____

When SOS has a program event, would you like to participate? (Check all that apply):

☐ Making calls ☐ Setting up ☐ Shopping ☐ Planning ☐ At the event
 Other _____

If you were a senior being visited, what are a few things that would interest you? _____

When would you like to visit your Buddy?

Choice one: Day_____ Time _____ Choice Two: Day_____ Time _____

____ In the event that I am not able to visit my Buddy, I will find a replacement or notify the SOS coordinator prior to the visit.

Are you Allergic to any pets, smoke etc? _____

Do you speak any languages other than English? _____

Comments: _____

FOR OFFICE USE ONLY:

Certificate____

ID Badge____

Vol Book____

References____

Background Check____

Orient.____

Have you ever been Found Guilty, Pled Guilty, Pled No Contest to a Criminal Charge? **YES** **NO**

Do you have any Charges currently Pending in any Jurisdiction? **YES** **NO**

If Yes, Give explanation of the Charge. (Date, Nature, Place, Charge Filed, Outcome) _____

Previous Volunteer Experience _____

Why are you interested in becoming a Volunteer? _____

What Experience have you had with Seniors? _____

Please List Two (2) Local References who are not Relatives:

Name: _____ Daytime Phone: _____

Your Relationship to the Person _____

How long have you known him/her? _____

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How long have you known him/her? _____

I affirm that no moneys or gifts shall be accepted by me from any senior at any time and I will do all within my power to uphold the mission and integrity of the Smile On Seniors™ program.

Print name: _____ Sign _____ Date: _____

Thank you for becoming a Volunteer!