

VOLUNTEER INTEREST FORM

Name: _____

Address: _____

Phone Number: _____

Email: _____

Are you currently a member of the Boulder City Senior Center? Yes No

Please check ALL areas of interest:

Reception Desk Gift Shop Entertainment Food Pick-Up
 Lunch Desk Kitchen Activities Meals on Wheels
 Dining Room Office Special Events Decorating

What days of the week are you interested in volunteering? (please circle all that apply)

Monday Tuesday Wednesday Thursday Friday

What hours are you interested in volunteering? (please circle all that apply)

Early Mornings Mid-Mornings Afternoons Special Occasions/Events

How many hours per day are you interested in volunteering? _____

Are you interested in . . . ? (please circle one)

Regular schedule Occasional fill-in/substitute

By signing this form, I am expressing my interest in volunteering at the Boulder City Senior Center. I understand this form will be kept on file and when opportunities come up that match my interests, I will be notified. I may choose to volunteer at that time or wait for another opportunity. If I am no longer interested in volunteering, I will notify the Boulder City Senior Center.

SIGNATURE

DATE