

Office Use Only:

Date Called: _____
Initials: _____
Comment: _____

**City of Rockville
Department of Recreation and Parks**

**ROCKVILLE SENIOR CENTER
VOLUNTEER APPLICATION**

Name: _____ Gender: Female Male

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Work/Other _____

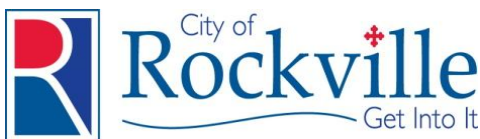
E-mail: _____

Emergency Contact Name: _____ Phone# _____

Please specify area of interest: _____

Where would you like to volunteer? (You may check more than one):

- | | |
|--|--|
| <input type="checkbox"/> Snow Removal (for senior citizens) | <input type="checkbox"/> Lunch Helper |
| <input type="checkbox"/> Home Maintenance
(leaf raking, lawn cutting, etc.) | <input type="checkbox"/> Special Events |
| Duty: _____ | <input type="checkbox"/> Newsletter Assembly (once a month) |
| <input type="checkbox"/> Community Service (Please check off) | <input type="checkbox"/> Thrift Shop |
| <input type="radio"/> Rockville Commission Committee | <input type="radio"/> Clerk |
| <input type="radio"/> Rockville Senior Inc. Board (RSI) | <input type="radio"/> Organize Donations |
| <input type="checkbox"/> Annual Bazaar (Indoor Yard Sale) | <input type="checkbox"/> Garden Plot Helper |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Green House (Needed to water plants <u>only</u>) |
| <input type="radio"/> Cashier | <input type="checkbox"/> Wednesday Evening Bingo |
| <input type="checkbox"/> Translator/ Interpreter | <input type="radio"/> Collect Admission |
| <input type="radio"/> Language: _____ | <input type="radio"/> Kitchen Duty |
| <input type="checkbox"/> Computer Lab | <input type="radio"/> Floor Duty |
| | <input type="radio"/> Caller |



Note:

*Thank you in advance for your interest.
We try to accommodate all interested
volunteers. Some positions might be
more available to fill sooner than others.
~We appreciate your patience.*

Availability:

Monday AM

Monday PM

Tuesday AM

Tuesday PM

Wednesday AM

Wednesday PM

Thursday AM

Thursday PM

Friday AM

Friday PM

Are you willing to be a substitute?

Yes No

Skills and Experience:

Other Volunteer Experience:

If volunteer is under 18 years of age, a parent or guardian must consent to an application working as a volunteer.

Parent/ Guardian Signature _____ **Date** _____



Please return this application to:

Rockville Senior Center
1150 Carnation Drive
Rockville, MD 20850

Monday- Friday: 8:30 a.m.-5 p.m.
Office: 240-314-8800
Fax: 240-314-8809