



# Volunteer Application

Mr./Mrs./Ms./Miss/Other: (Circle One) Name: \_\_\_\_\_

AARP Membership No: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Seasonal Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Seasonal Start Date: \_\_\_\_\_ Seasonal End Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Where did you hear about this volunteer opportunity? \_\_\_\_\_

## Interests/Program Areas: (It would be helpful for us to know other areas that may interest you.)

Please check all that apply.)

### Interest Areas

- Assisting with Special Events
- Communications
- Community Activities
- Consumer Protection
- Education/Teaching/Presenting
- Health & Fitness

- Helping Others with Managing Finances
- Influencing Lawmakers & Others
- Management
- Public Relations/Marketing
- Working with Children
- Working with Older Adults

### AARP Programs

- AARP Driver Safety Program
- AARP Grief & Loss Program
- AARP Tax Aide Program

Would you like to be added to our email list for updates on AARP's advocacy efforts?  Yes  No

## Skills: (please check all that apply)

- Advocacy/Promoting Issues
- Clerical/Administrative
- Community/Grassroots Organizing
- Computer Literacy
- Languages, Specify \_\_\_\_\_
- Leadership
- Public Speaking
- Research
- Training/Facilitation
- Volunteer Recruitment
- Writing/Editing

## Availability: When are you available to volunteer?

Weekdays:  Day  Evening      Weekends:  Day  Evening

Assignments:  Short-term  Long-term (1-2 year commitment)  As needed

Where:  My Town/City  My County  My State  Outside of my State

Starting when? \_\_\_\_\_



**Past Experiences:** Please share with us past experiences that you would like to use in your volunteer work.

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Have you volunteered for AARP before?  Yes  No If yes, when and in what capacity?

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List other volunteer experiences: \_\_\_\_\_

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**Personal Information:**

AARP attempts to achieve a balance of age, gender, and ethnicity in its programs. You are not required to provide this information. It is being collected for program evaluation purposes only.

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Race/Ethnicity:

African American  Native American  Asian  Hispanic/Latino  Caucasian

Other \_\_\_\_\_

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I hereby attest that the information I have provided in this application is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach a resume, if available. Thank you!*

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**FOR OFFICE USE ONLY**

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Type: \_\_\_\_\_

Functional Level: \_\_\_\_\_

Activity/Program: \_\_\_\_\_

Position: \_\_\_\_\_

Title: \_\_\_\_\_

Local Title: \_\_\_\_\_

Volunteer has given permission to be contacted by email.  Yes  No

Preferred method of communication:  Email  Telephone  Mail  No Preference

**ASSIGNMENT INFORMATION:**

1.  Add New Assignment  Business Cards  Name Badge  Assignment Letter

2.  Reassignment  Reassignment Letter

3.  End Assignment  Thank You Letter

4.  Reorder Supplies  Business Cards  Name Badge

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_