



MIDDLETOWN
CITIZEN SERVICE CORPS

MCSC Volunteer Application Form

TO BE COMPLETED BY AN INDIVIDUAL OR A GROUP

Organization Name: _____

Name : _____

Street Address : _____

City, _____ State _____ Zip _____

Phone Number: _____ Email: _____

For Organizations: Number of available volunteers: _____

How did you hear about MCSC? _____

ASSIGNMENT PREFERENCES

CHECK ALL THAT APPLY

Well-being checks by phone

Minor yard work - raking, trimming shrubs, weeding

Minor repairs and household chores - changing light bulbs, flipping mattresses, covering/uncovering outdoor furniture and air conditioners, installing timers for indoor or outdoor lights

Computer Assistance

Friendly visiting

Working with the blind or partially sighted

Help with client intake

Work on volunteer recruitment

Help with public education events and programs

Please specify any special skill or interest: _____

How often would you like to volunteer? Once a week Bi-weekly Monthly

Other Specify: _____

What type of assignment would best suit your needs : Long-term Short-term As needed

Indicate the days or the week and hours you are available:

Monday Morning Afternoon Evening
 Tuesday Morning Afternoon Evening
 Wednesday Morning Afternoon Evening
 Thursday Morning Afternoon Evening
 Friday Morning Afternoon Evening
 Saturday Morning Afternoon Evening
 Sunday Morning Afternoon Evening

Do you have any physical conditions that may limit your activities?

Please explain: Assignment preferences: _____

Concerns if matched with a smoker? No Yes

Concerns if a pet is in the home? No Yes

Concerns with the gender of the client? No Yes

List two references that are not family members

1. Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Email: _____

2. Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Email: _____

I acknowledge that MCSC will be do a criminal background check and will contact my personal references and in some situations seek child abuse clearances for the volunteer jobs that I have expressed an interest in. I understand that I do not have to agree to these background checks but that will exclude me from volunteer work. I understand that information collected will be limited to that which is appropriate for determining my suitability for volunteer work with MCSC and that all information will be kept confidential. My signature on this docuemtn extends permission to those people and organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for this volunteer position and any other information that they deem appropriate.

MCSC requires all individual volunteers to complete volunteer orientation including the Code of Ethics and Conduct training. In addition, all volunteers are required to complete Recognizing Elder Abuse and Neglect training before beginning their first volunteer assignment.

Applicant signature: _____ Date _____

Signature of parent/guardian if minor: _____ Date _____