



Gold Country

SENIOR SERVICES

VOLUNTEER APPLICATION

Please return this form to Gold Country Senior Services

Completed applications can be mailed to: P.O. Box 968, Grass Valley, CA 95945
Dropped off at the Nutrition Office at: 841 Old Tunnel Rd., Grass Valley, CA 95945
or completed online: www.goldcountryservices.org

All information will be kept confidential and secured!

PERSONAL INFORMATION

Date: _____ What volunteer position are you interested in? _____

Name: _____
First Last

Address: _____
Street Unit/ Apt. #
_____ City State Zip Code

Contact Phone Number: _____

Email: _____

Gender: Male Female Date of Birth: _____
(Month/ Day)

Are you over the age of 55? Yes No Are you a Veteran? Yes No

If you are over the age of 55, please check one of the following boxes:

55 to 59 60 to 69 70 to 79 80 to 84 | 85 and over

INTERESTS

How did you hear about Gold Country Senior Services? _____

What is your interest in and motivation for volunteering with GCSS? _____

In what other areas are you interested in volunteering? (check all that apply)

- Board of Directors
- Senior Advisor
- Meals on Wheels Drivers
- Packing Meals
- Firewood Program
- Other: _____
- Senior Center



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VOLUNTEER EXPERIENCE

Have you volunteered before? Yes No

Name of agency: _____

Volunteer Position: _____

EMERGENCY CONTACT

Name: _____ Relationship to Volunteer: _____ Phone: _____

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DRIVING INFORMATION (Volunteer Driver ONLY)

If you are volunteering for a position that requires driving, GCSS requires a valid driver's license, current DMV driver's record, and proof of automobile insurance.

Insurance Carrier: _____ Policy #: _____

BACKGROUND CHECK

All volunteers having contact with seniors will be required to complete a background check.

Staff will provide the information to complete the background check.

SELF-CERTIFICATION

I self-certify that all statements made on this application are true, complete, and correct to the best of my knowledge.

Signature of Volunteer Applicant: _____ Date: _____

PARENTAL/ GUARDIAN CONSENT (to be completed if volunteer applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to GCSS. I also give GCSS my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/ Guardian: _____ Date: _____

Printed name of Parent/ Guardian: _____

Printed name of Volunteer Applicant: _____

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING TO SUPPORT SENIORS IN OUR COMMUNITY!