



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 GCSS Administration Office at 528 Brunswick 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 Identity: Male Female Other: _____ Date of Birth: _____
 Decline to State (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



Gold Country

SENIOR SERVICES

VOLUNTEER EXPERIENCE

Have you volunteered before?

 Yes No

Name of agency: _____

Volunteer Position: _____

EMERGENCY CONTACT

Name: _____ Relationship to Volunteer: _____ Phone: _____

Name: _____ Relationship to Volunteer: _____ Phone: _____

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.

Staff will obtain copies of proper documentation when needed.

BACKGROUND CHECK & REQUIRED TRAININGS

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

Staff will provide the information to complete these.

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!

Please contact our Administration office with any questions at (530) 615-4541