Application for Senior Center Volunteers
City of Loma Linda

Name: _____ **Date of Application:** ___/____/____
Last **First** **Initial**

Soc. Sec. No.: _____ - _____ - _____ **Birth date:** _____
(Year Optional)

Address: _____ **Mailing Address:** _____
_____ (If different) _____
City State Zip City State Zip

Phone # (Day):(___) _____ **Phone # (Evening):** (___) _____

How did you hear about the City of Loma Linda Senior Center Program?
_____

EXPERIENCE

Company	Position	Length of Time (Mo/Yr. To Mo./Yr)

INTERESTS

Describe any previous volunteer experience: _____
_____
_____

What languages do you speak, other than English? _____

What Special Skills or hobbies do you have? _____
_____
_____

VOLUNTEER PROGRAM PREFERENCES

What days and Hours would you prefer for volunteer at the Loma Linda Senior Center?

Day of Week	Morning	Afternoon	Evening

HEALTH INFORMATION

Do you have a physical or medical problem, which may limit your ability to perform as a volunteer? (Circle one) **Yes – No.** If yes, briefly explain:

_____

_____

Are you currently under medical care?

(Circle one) **Yes – No**. If Yes, briefly explain below:

_____

_____

Who is your physician?

Name: _____ Telephone: _____

Address: _____

Street City State Zip

In case of emergency, who should be notified?

Name: _____ Relationship: _____

Home Phone: _____

Address: _____ Business Phone: _____

Name: _____ Relationship: _____

Home Phone: _____

Address: _____ Business Phone: _____

ADDITIONAL INFORMATION

1. Why do you want to volunteer at the City of Loma Linda's Senior Center?

2. What will our program gain from your participation?

3. What do you hope to gain from participating in our programs?

For additional information, please call the City of Loma Linda City Manager's Office at (909) 799-2810. Submit your application to:

Senior Center Board
c/o City Manager's Office
25541 Barton Road
Loma Linda CA 92354

Thank you for your interest in volunteering.