

VOLUNTEER APPLICATION

Note: All information in this application will be kept strictly confidential and will be used only in the management of the Council on Aging of Martin County, Inc. services and programs.

Contact Information		Date of Application _____
Name:		
Address:		
City, State, and Zip:		
Home Phone:		Cell Phone:
Email:		DOB:
Student Volunteers Only:		
Parents Name:		Parents Phone:
Parents Email:		

Seasonal Residents
Which months are you away:
Summer Address:
City, State, and Zip:

Availability
Days: <input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> Saturdays
Times: <input type="checkbox"/> 8:00 AM – 11:30 AM <input type="checkbox"/> 10:30 AM – 2:00 PM <input type="checkbox"/> 1:30 -5:00 PM
Are you available year round? <input type="checkbox"/> Yes <input type="checkbox"/> No

Areas of Interest:

- Front Desk/ Receptionist
- Bistro (Mini Cafe)
- Adult Day Club
- Mailings
- Events
- Clerical

Meals on Wheels:

- Kitchen 7:00 AM – 10:00 AM
- Crate Packing 8:00 AM – 10:00 AM
- Route Sheets 12:00 PM – 2:00 PM
- Bread Pick Up 7:00 AM Pick Up time
- Delivering Meals 10:00 AM – 12:30 PM

Holidays (Meals on Wheels Only)– would you be willing to help

- Thanksgiving Day
- Christmas Day

As a volunteer – are there any duties you wish not to perform?

References: Please list two (2) persons whom you have known for at least two (2) years, non relatives:

Name:	Phone:
Name:	Phone:

In case of emergency:

Name:	Phone:
Relationship:	
Address:	

If returning by mail or email, send to:
Council on Aging of Martin County at the Kane Center
900 SE Salerno Rd. | Stuart, FL 34997
General Inquiries: 772.223.7800 kanecenter@kanecenter.org
Meals on Wheels: 772.223.7854 tcabrera@kanecenter.org
Kane Bistro/Special Events: 772.223.7807 lbharath@kanecenter.org