Council on Aging of Martin County 900 SE Salerno Rd. Stuart, FL 34997



Colleen North | Volunteer Coordinator 772-223-7878

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 :		
Parents Name:	Parents Phone:	
Parents Email:		
Seasonal Residents		
Which months are you away:		
Summer Address:		
City, State, and Zip:		
Availability		
Day's:		
□ Mondays □ Tuesdays □ Wednesdays □ Thursdays □ Fridays □ Saturdays		
Times:		
□ 8:00 AM − 11:30 AM □ 10:30 AM − 2:00 PM □ 1:30 -5:00 PM		
Are you available year-round:		
□ Yes □No		
National Diseases - University and Users		
Natural Disaster – Hurricane Hero:		
Would you be available to help out in a natural disaster Yes □ No □		
If Yes: ☐ Before Storm ☐ During Storm ☐ Post Storm		



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Areas of Interest:		
☐ Front Desk/ Receptionist		
☐ Phones		
☐ Bistro (Mini Store)		
☐ 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		
\Box Delivering Meals 10:00 AM $-$ 12:30 PM		
Holidays – 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:	you have known for at least two (2) years,	
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

Colleen North | Volunteer Coordinator 772-223-7878 | cnorth@kanecenter.org

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