Center for Active Seniors, Inc.

1035 W. Kimberly Road, Davenport, IA 52806
563.386.7477

VOLUNTEER APPLICATION

Date: _____

Name: _____ M_____ F_____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ CASI Member? Y N

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Employed By/Former Place of Employment: _____

How often would you like to volunteer? Daily Weekly Monthly Occasionally

Times Available	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

How did you hear about CASI? _____

Community Service Volunteers: If so, how many hours do you need to complete? _____

VOLUNTEER OPPORTUNITIES: (Check all that you are interested in**)**

_____ Art Instructor
_____ Bingo Assistance
_____ Cafe
_____ Data Entry/Clerical
_____ Facilities/Maintenance
_____ Fitness Instructor
_____ Gift Shop
_____ Greeter
_____ Holiday Hat Bash
_____ Jane's Place Adult Day Services
_____ Piano Player
_____ Rock the Lot
_____ Special Events/Luncheons
_____ St. Patrick's Day Race
_____ Swinging Fore Seniors
_____ Ticket Takers
Other _____
Other _____

(Over)

References
(Other than relatives)

1. Name _____ Phone _____ Relationship _____
2. Name _____ Phone _____ Relationship _____
3. Name _____ Phone _____ Relationship _____

Emergency Information

Contact: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Phone: _____

Work Address: _____

City: _____ State: _____ Phone: _____

Physician's Name: _____ Phone: _____

Hospital Preference: _____

Volunteer Confidentiality Agreement

As a CASI volunteer, you may work with information of a confidential nature. Occasionally, you may see or overhear such information while at your workstation.

Confidential information should not be discussed with other volunteers, clients, friends, or family. Please be considerate of this when talking to others. We are counting on you to be an ambassador for CASI.

As a CASI volunteer, I understand I may see or overhear information of a confidential nature. I agree to maintain confidentiality of all such information. I understand that discussing confidential information with others may jeopardize my status as a CASI volunteer.

Signature: _____ Date: _____

For Office Use: _____ Received

_____ Contacted

_____ Entered into eTap

Please mail or bring your application to CASI, 1035 Kimberly Road, Davenport, IA 52806. Thank you.