



Elder Network

OFFICE USE ONLY

Interview _____
Background Check _____
Entered into Exceed _____
Date Trained _____

Volunteer Application

Our mission: Those 55 and Better have the Opportunity to Thrive and Lead Rewarding Lives.

I am interested in becoming an Elder Network volunteer. I understand that all information on this application will be considered confidential.

Name: _____
Last First Middle

Date of Birth: _____ (Required for background check)

Address: _____
Street City State Zip Code

Phone (home) _____ (work) _____ (cell) _____

Email: _____

Emergency Contact Name: _____ Phone# _____

Please check off volunteer opportunities that most interest you:

- _____ Respite/Caregiver Volunteer* - (2-3 hrs a week)
_____ Friendly Visitor Volunteer* - (1-2 hrs a week)
_____ Transportation* (to medical and non-medical appointments; **Olmsted County Only**)
_____ Fundraising
_____ Clerical Support
_____ Student Experience or Internship
_____ Education Instructor
_____ Board Position *
_____ Technology Assistance Program Volunteer
_____ Other, please name _____

* must be 18 years or older unless accompanied by parent

How did you hear about Elder Network? _____

Training is required to become a volunteer. Are you willing to make this time commitment? Yes/No

Signature: _____ Date: _____
(Required)

Please return this application to:

Elder Network, 1130 ½ 7th St NW, Ste 205 , Rochester, MN 55901

Questions call (507) 285-5272

Serving Olmsted County, Wabasha County, Winona County and Dodge County