



WELLS COUNTY COUNCIL ON AGING

Volunteer Application

Contact Information:

| | |
|-----------------------|--|
| Name | |
| Street Address | |
| City, State, Zip Code | |
| Home Phone | |
| E-Mail Address | |

Availability: During which hours are you available for volunteer assignments?

Weekday mornings Weekday afternoons Weekday evenings

Interests: Tell us in which areas you are interested in volunteering.

- Events: Senior Expo
- Events: Bluffton Street Fair Parking Fundraiser (**Monday – Friday**)
- Events: Bluffton Street Fair Parking Fundraiser (**Saturday**)
- Friendly Caller...Are you Ok?
- Other _____

Signature:

| | |
|-----------|--|
| Signature | |
| Date | |

Our Policy:

It is the policy of the Wells County Council on Aging to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. If you know someone who may be interested in volunteering with us please pass along our contact information.