



**SENIOR SERVICES APPLICATION**

**1. Applicant Information**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street address

City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**2. Assistance Needed**

Light House Work includes: mopping, laundry, changing light bulbs, vacuuming, dishes, dusting etc. Please provide details: \_\_\_\_\_  
\_\_\_\_\_

Lawn care includes: cutting grass, picking up garbage, outside repairs etc. Please provide details: \_\_\_\_\_  
\_\_\_\_\_

Transportation includes: local grocery stores, doctor appointments, etc. Please provide details: \_\_\_\_\_  
\_\_\_\_\_

If not mentioned, please specify assistance needed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Preferred Time of Service**

*Please check ALL that are applicable:*

I am available  Monday  Tuesday  Wednesday  Thursday  Friday  
 Saturday  Sunday

Please indicate times:  Mornings \_\_\_\_\_  Afternoon \_\_\_\_\_  Evenings \_\_\_\_\_

**4. Emergency Contact**

Name	Address	Telephone

**5. Additional Information**

Do you have a disability or health risk our volunteers should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We consider applications for all without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

I certify that answers given herein are true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date