



United Way of Columbia County:
Senior Volunteer Application

PO Box 538
Rainier, OR 97048
Phone: (971) 225-0402

info@unitedwayofcolumbiacounty.com

Name: _____ Date of Birth: _____

Address: _____

City: _____

Zip: _____

Phone Number: _____

Email Address: _____

Gender: _____

Are you a Veteran Y/N

Agency where you are volunteering (if known): _____

Do you have any physical limitations or need any specific accommodations?

Senior Volunteer Insurance Statement: If you drive while volunteering or receive mileage reimbursement you must keep automobile insurance equal to the minimum required by the State of Oregon or by the state you're your automobile is registered.

Oregon Driver's License Number:

I understand that any information received regarding individuals served while volunteering should be kept in strict confidentiality.

Signature of Senior Volunteer: _____ Date: _____



Current/previous profession: _____

What are your areas of interest for volunteering?

Special Skills and Interested- Please circle all that apply

Accounting

Advocacy

Boards/Committees

Home Maintenance

Cashier

Computers

Crafts

Crime Prevention

Driver/Medical Escort

Disaster Services

Emergency Planning

Environmental Issues

Financial Advisor

Food Education

Fundraising

Helping People

Gardening

Marketing/Promotion

Other: _____

Meal Planning

Meal Driver

Medical Field

Public Speaking

Photography

Quilting

Receptionist/Clerical

Recruiter

Research

Retail

Social Media

Special Projects

Telephoning

Tutor/Mentor

Teaching

Team Lead

TV/Paper/Radio

Veterans Projects