



# BLOOMFIELD TOWNSHIP SENIOR SERVICES

## Volunteer Application Form

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_  
 Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Home Work Cell

E-Mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Currently Employed? **Yes**  **No**  Hours/week \_\_\_\_\_ Business Owner? **Yes**  **No**   
 Bloomfield Township Resident? **Yes**  **No**

Education level: (Circle last year completed)  
**Grade** 5 6 7 8 **High School** 9 10 11 12 **College** 1 2 3 4 **Graduate** 1 2 3 4 **Degree Received** \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_  
 \_\_\_\_\_

### REFERENCES

(Do not include relatives or former employers):  
 Name Address Telephone

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate which volunteer opportunity you are interested in below.

- Meals on Wheels Driver
- Telephone Reassurance/Friendly Caller

### Availability:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					
EVENING					

Weekly ( ) Bi-Weekly ( ) Monthly ( ) Other: \_\_\_\_\_

***Thank you!***

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