



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: _____

Please indicate which volunteer opportunity you are interested in below.

- Adult Day Service Volunteer
- Errands Grocery Shopping Driver
- Meals On Wheels Driver
- Medical Appointment Driver
- Short-term Projects (i.e. mailings, special events)
- Telephone Reassurance Caller

Availability:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					
EVENING					

Weekly () Bi-Weekly () Monthly () Other: _____

Thank you!

4315 Andover Rd.

Bloomfield Hills, MI 48302

Phone: 248-723-3500

Fax: 248-723-3519