

Board Members

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www.seniorcharitycarefoundation.org

*Serving Salt Lake and
Davis Counties*

Senior Charity Care Foundation

Volunteer Application

If your application is appropriate for the opportunities available, the Senior Charity Care Foundation will contact you as soon as possible. We are unable to accept people who are court ordered to volunteer or who have a criminal history.

Name: _____

Address: _____

City, State, Zip Code: _____

Daytime Phone Number or Cell Phone: _____

Email Address: _____ **Birthdate:** _____

Emergency Contact: _____ **Relationship:** _____

Phone Number of Emergency Contact: _____

Previous Work or Volunteer Experience include dates, company, address, position title, supervisor and their phone number: (List most recent experience first. May attach a resume.)

1. **Date of Experience:** _____

Name of Company: _____

Address, including city, state, zip: _____

Position Title: _____ **Supervisor:** _____ **Phone:** _____

2. **Date of Experience:** _____

Name of Company: _____

Address, including city, state, zip: _____

Position Title: _____ **Supervisor:** _____ **Phone:** _____



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3. Date of Experience: _____

Name of Company: _____

Address, including city, state, zip: _____

Position Title: _____ Supervisor: _____ Phone: _____

4. Date of Experience: _____

Name of Company: _____

Address, including city, state, zip: _____

Position Title: _____ Supervisor: _____ Phone: _____

(May attach another page as necessary.)

Highest Level of Education Reached: _____

Language(s) Spoken: _____

Physical Limitations: _____

Current Employer: _____

Description of Training Pertinent to Volunteer Application: _____

Other organizations where applicant has volunteered: _____



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Statement of and description of prior criminal convictions or offenses: _____

Certifications such as First Aid and CPR with dates of certification and expiration dates.

Do you have a valid driver's license? _____

References: One or more personal references with contact information; and one or more professional or work-related references with supervisor's name and contact information

1. Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Email Address: _____

2. Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Email Address: _____

3. Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Email Address: _____



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Skills checklist: (Please mark if you have experience in any of the following areas:

Computer If yes, please list programs, software: _____

Clerical Skills **Website Management** **Phone calling**

Public Speaking **Event Management**

Other: _____

Preferred volunteer areas: _____

Reason for volunteering: _____

How did you hear about us? _____

Days available for volunteer work:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Hours, please list: _____

Signature of Applicant

Date of Signature