

**FRIENDS OF SENIORS OF DUTCHESS COUNTY CORP.**

**9 VASSAR ST., #24**

**POUGHKEEPSIE, NY 12601-3022**

**845-485-1277**

**E-mail: [friendsofseniors@hotmail.com](mailto:friendsofseniors@hotmail.com)**

**Web site: [www.friendsofseniors.biz](http://www.friendsofseniors.biz)**

**VOLUNTEER APPLICATION FORM**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-mail: \_\_\_\_\_

Describe your volunteer experience: \_\_\_\_\_

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

Describe your experience with older adults (relatives, friends, neighbors):

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

Please check the service(s) of interest to you:

\_\_\_\_\_ Transportation (medical appts) \_\_\_\_\_ Shopping

\_\_\_\_\_ Telephone Reassurance \_\_\_\_\_ Visiting

\_\_\_\_\_ Respite for Primary Caregivers

Geographic preference(s): \_\_\_\_\_

Availability to volunteer (please specify regarding days and times) and how many days a week you would be available to drive:

\_\_\_\_\_

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References (2) other than family:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please provide the following information, as well as copies of your driver's license, car registration, insurance card, driving record (from the DMV for \$10), and, if applicable, proof that you completed the NY State Defensive Driving Course in the last three years:**

Vehicle Make, Model, Year: \_\_\_\_\_

Date of Car Registration: \_\_\_\_\_

Date of Driver's License: \_\_\_\_\_

Dates of Insurance: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Date NY State Driver's Course was taken (if applicable): \_\_\_\_\_

**ALL VOLUNTEERS ARE COVERED UP TO \$1,000,000 IN EXCESS LIABILITY IF THE ACCIDENT OCCURS WHEN THE CLIENT IS IN YOUR CAR.**

In the unfortunate event you are involved in an auto accident while doing Friends of Seniors volunteer work, Friends of Seniors will pay half your car insurance deductible if you meet the following criteria: your driver's license, car registration, car insurance and car inspection are up-to-date; you completed the NY State Driver's Course within the last three years and you have submitted copies of your license, registration, insurance and proof of completion of the NY State Driver's course to Friends of Seniors.

**THANK YOU!**