



**BALTIMORE COUNTY DEPARTMENT OF AGING
VOLUNTEER REGISTRATION
SENIOR CENTER (UNDER 55)**



Thank you for your interest in volunteering with the Baltimore County Department of Aging.

VOLUNTEER INFORMATION																				
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:																
ADDRESS:			CITY:	ZIP CODE:																
HOME PHONE:	OTHER PHONE:		EMAIL:																	
BIRTH DATE:	GENDER: M F GENDER FLUID PREFER NOT TO ANSWER																			
RACE: BLACK NATIVE AMERICAN/ALASKAN WHITE ASIAN HAWAIIAN/PACIFIC ISLANDER MULTIRACIAL																				
ETHNICITY: HISPANIC/LATINO YES NO ARE YOU A VETERAN? YES NO																				
AVAILABILITY																				
MONDAY		TUESDAY		WEDNESDAY																
THURSDAY		FRIDAY		SATURDAY/SUNDAY																
PLEASE SPECIFY TIMES WHEN AVAILABLE:																				
VOLUNTEER POSITION																				
<p>Please indicate which volunteer position you wish to apply for:</p> <p>CLASS INSTRUCTOR,specify type of class:</p> <table border="0"> <tr> <td>DATA ENTRY</td> <td>GRAPHIC ARTIST</td> </tr> <tr> <td>ENTERTAINER</td> <td>HEALTH EDUCATOR</td> </tr> <tr> <td>EVENT PLANNER</td> <td>LEADERSHIP/EXECUTIVE BOARD</td> </tr> <tr> <td>FITNESS CENTER</td> <td>LUNCH PROGRAM ASSISTANT</td> </tr> <tr> <td>MONITOR OFFICE/CLERICAL</td> <td>MARKETING</td> </tr> <tr> <td>GARDENING</td> <td>BLOOD PRESSURE MONITOR</td> </tr> <tr> <td>GIFT SHOP ASSISTANT</td> <td>RECEPTIONIST/FRONT DESK</td> </tr> <tr> <td>OTHER (please specify):</td> <td>TRIP COORDINATOR</td> </tr> </table>					DATA ENTRY	GRAPHIC ARTIST	ENTERTAINER	HEALTH EDUCATOR	EVENT PLANNER	LEADERSHIP/EXECUTIVE BOARD	FITNESS CENTER	LUNCH PROGRAM ASSISTANT	MONITOR OFFICE/CLERICAL	MARKETING	GARDENING	BLOOD PRESSURE MONITOR	GIFT SHOP ASSISTANT	RECEPTIONIST/FRONT DESK	OTHER (please specify):	TRIP COORDINATOR
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<p>Please indicate any skills or experience you may have related to the volunteer position(s) to which you are applying.</p>																				
AUTHORIZATION																				
<p>By signing below, you certify that all information on this registration and application is true.</p>																				
VOLUNTEER SIGNATURE:				DATE:																