

Date: _____

Columbiana Senior Center

Volunteer Application

Name: _____

Address: _____

Phone Number: _____

Cell Number: _____

Email Address: _____

Please Answer the following:

Can you deliver meals on wheels?	Yes	No
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Can you work in the kitchen?	Yes	No
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Can you teach a class or lead an activity?	Yes	No
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Can you work at the front desk?	Yes	No
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Please Explain how you would like to volunteer and when you are available: _____

*If you are delivering meals on wheels we will require a copy of your driver's license.