

**Skyway Senior Center Volunteer Application**  
**950 Nicollet Mall, Suite 290**  
**Minneapolis, MN 55403**  
**612-370-3869**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Days available: M\_\_T\_\_W\_\_Th\_\_F\_\_

Hours available: 9 a.m.-12 noon \_\_\_\_\_ 12 noon-3 p.m. \_\_\_\_\_

I prefer to volunteer on a regular basis:

Every week\_\_\_\_, every other week\_\_\_\_ or monthly.\_\_\_\_\_

I prefer to be called on an as-needed basis:\_\_\_\_\_

I want to help with the following: (Please check all that apply.)

\_\_\_\_\_ **Receptionist:** answer phones, help people register for programs, 2-4 hours per day.

\_\_\_\_\_ **Host:** make coffee, set out refreshments, clean tables, help people with drop-in activities.

\_\_\_\_\_ **Computer data entry:** enter participant data on office computer.

\_\_\_\_\_ **Computer assistant:** help seniors using Internet-connected computers at center.

\_\_\_\_\_ **Instructor or presenter:** present a topic or teach a class of interest to older adults.

What is the topic or class? \_\_\_\_\_

\_\_\_\_\_ **Blood Pressure Screener:** I am qualified to do blood pressure screenings and monitor simple health situations. **More on other side.**

\_\_\_\_\_ **Entertainer:** What type of entertainment can you provide? \_\_\_\_\_

List your previous or current volunteer or employment experience(s). \_\_\_\_\_

List any special training, skills or interests. \_\_\_\_\_

List two personal or organizational references not related to you. (No family please.)

1. Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

I agree to follow the guidelines established by Skyway Senior Center staff. I further agree to report my volunteer hours and activities once a month unless otherwise specified. I give my permission for the Skyway Senior Center to contact the references I have listed on this application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to the reception desk,

Or mail to: The Skyway Senior Center  
950 Nicollet Mall, Suite 290  
Minneapolis, MN 55403

Thank you for your interest in the Skyway Senior Center!

For office use only.

Interview date and time \_\_\_\_\_

References contacted \_\_\_\_\_

Date scheduled to start \_\_\_\_\_

Database entry \_\_\_\_\_