



# VOLUNTEER APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* If you are interested in volunteering *outside* your residential area, please share the zip code of the location where you prefer to volunteer. Preferred Zip Code: \_\_\_\_\_

Seasonal Address (if applicable): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Seasonal Start Date: \_\_\_\_\_ Seasonal End Date: \_\_\_\_\_

Email Address: \_\_\_\_\_  No Email

Phone Number: \_\_\_\_\_ Phone Type:  Home  Mobile  Other

\* AARP values your privacy and will never rent or sell your contact information. You can read the full AARP Privacy Policy online at <http://www.aarp.org/about-aarp/info-05-2010/privacypolicy.html>

What is the best way to contact you?  Phone  Email

When is the best time to contact you?  Morning  Afternoon  Evening  Weekend

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

Position applied for (if known): \_\_\_\_\_

How did you hear about volunteering with AARP? \_\_\_\_\_

**Personal Information:** AARP attempts to achieve a balance of age, gender, and ethnicity in its programs. You are not required to provide this information. It is being collected for program evaluation purposes only.

**Race/Ethnicity:**  American Indian or Alaska Native  Asian  Black/African American  Hispanic/Latino  
 Native Hawaiian/Other Pacific Islander  White  Other \_\_\_\_\_  Prefer Not To Answer

**Gender:**  Male  Female  Prefer Not To Answer

**Date of Birth:** Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_ \*AARP uses this information only to verify your identity in our membership database so you can log in to our Volunteer Portal. You are not required to provide this.

**What is your current employment status?**  Retired  Full Time  Part Time  Not Working

**Desired Start Date:** \_\_\_\_\_ **Availability:** When are you available to volunteer?

Anytime  Weekday Afternoons  Weekday Evenings  Weekday Mornings  Weekend Mornings  Weekend Afternoons  Weekend Evenings

**Assignment Duration:**  Short-term  Long-Term (1 year commitment)  As Needed

**Language:** In which language(s), other than English, are you fluent? \_\_\_\_\_

In which language(s), other than English, are you conversational? \_\_\_\_\_

**Position:** What types of volunteer positions are you interested in? Please check all that apply.

<input type="checkbox"/> Advocacy / Promoting Issues	<input type="checkbox"/> Helping Kids & Teachers	<input type="checkbox"/> Tax Return Preparation
<input type="checkbox"/> Clerical / Administrative	<input type="checkbox"/> Leadership Roles	<input type="checkbox"/> Teaching Driver Safety Courses
<input type="checkbox"/> Communications / Social Media	<input type="checkbox"/> Project Management	<input type="checkbox"/> Technology Support
<input type="checkbox"/> Event Planning & Support	<input type="checkbox"/> Spanish Speaking Roles	<input type="checkbox"/> Training / Presenting

**Interests:** Please share your interests. Check all that apply.

<input type="checkbox"/> Aging	<input type="checkbox"/> Fighting Fraud	<input type="checkbox"/> Multicultural Issues
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Politics / Legislative Issues
<input type="checkbox"/> Caregiving	<input type="checkbox"/> Helping People with Disabilities	<input type="checkbox"/> Social Security & Medicare
<input type="checkbox"/> Environmental Issues	<input type="checkbox"/> Livable Communities	<input type="checkbox"/> Veterans & Military Families

**Skills & Experience:** Please share your skills and experience. Check all that apply.

<input type="checkbox"/> Advocacy / Promoting Issues	<input type="checkbox"/> Communications / Social Media	<input type="checkbox"/> Public Speaking / Presenting
<input type="checkbox"/> Armed Forces Experience	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Training / Facilitation
<input type="checkbox"/> Community / Grassroots Organizing	<input type="checkbox"/> Influencing Lawmakers & Others	<input type="checkbox"/> Writing / Editing
<input type="checkbox"/> Computers & Technology	<input type="checkbox"/> Leadership	<input type="checkbox"/> Volunteer Recruitment

Is there anything else you would like to share? \_\_\_\_\_

**Media Release:**

By signing below I grant AARP the right to photograph, record, use or reuse, publish my image and voice, including without limits, with or without my name, in any manner, in whole or in part, individually or in conjunction with other materials, in any medium or format, for the purpose of promoting AARP an unlimited number of times in perpetuity (“Materials”), including without limits, in illustration, and advertising, including the right to edit or modify and simulate my voice, acts, appearances as may be desired by AARP or its designees. I also release AARP from any and all claims and demands arising out of or in connection with the use of the Materials, including, without limits any and all claims based on rights of publicity, privacy, or for defamation.

I hereby attest that the information I have provided in this application is true to the best of my knowledge. *By submitting this form, I agree to allow AARP to contact me about volunteer-related opportunities.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach a resume, if available. Thank You!*

**\* For Office Use Only \***

Position: \_\_\_\_\_ Local Title: \_\_\_\_\_  
 Additional Notes: \_\_\_\_\_