



Real Possibilities

# Volunteer Application

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

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Share your email address so we can follow up with you about volunteering through AARP and to receive exclusive volunteer news and resources: \_\_\_\_\_

Season Address (if applicable): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Seasonal Start Date: \_\_\_\_\_ Seasonal End Date: \_\_\_\_\_

**How can we best contact you? (Please check a box below)**

Home Phone  Cell Phone  Email

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

**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.

**Gender:**  Male  Female

**Race/ Ethnicity:**

Black/African American/Caribbean  Asian/Pacific Islander  
 Caucasian  Hispanic/ Latino  Native American  Other \_\_\_\_\_

**Interests** (it would be helpful for us to know other areas that may interest you. Please check all that apply.)

<input type="checkbox"/> Social Security & Medicare	<input type="checkbox"/> Public Speaking / Presenting	<input type="checkbox"/> AARP Driver Safety
<input type="checkbox"/> Education / Training	<input type="checkbox"/> AARP Foundation Tax Aide	<input type="checkbox"/> Influencing Lawmakers & Others
<input type="checkbox"/> Helping Kids & Teachers	<input type="checkbox"/> Community Activities	<input type="checkbox"/> Assisting with Special Events
<input type="checkbox"/> Helping Others Manage Finances	<input type="checkbox"/> Communications & Marketing	<input type="checkbox"/> Clerical / Administrative Skills

**Skills:** (Please check all that apply.)

<input type="checkbox"/> Advocacy / Promoting Issues	<input type="checkbox"/> Writing / Editing	<input type="checkbox"/> Clerical / Administrative
<input type="checkbox"/> Training / Facilitation	<input type="checkbox"/> Community/Grassroots Organizing	<input type="checkbox"/> Leadership
<input type="checkbox"/> Computers & Technology	<input type="checkbox"/> Volunteer Recruitment	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Research		

**In what language, other than English, are you fluent?** \_\_\_\_\_

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

**Availability:** When are you available to volunteer?

**Weekdays:**  Day  Evening **Weekends:**  Day  Evening

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

**Where:**  My Town/ City  My County  My State  Outside of my State

Starting when? \_\_\_\_\_

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**

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Type: \_\_\_\_\_

Activity/ Program: \_\_\_\_\_

Position: \_\_\_\_\_

Title: \_\_\_\_\_

Local Title: \_\_\_\_\_

Volunteer has given permission to be contacted by email.  Yes  No

Preferred method of communication:  Email  Telephone  Mail  No Preference

**Assignment Information:**

1.  Add New Assignment  Business Cards  Name Badge  Assignment Letter

2.  Reassignment  Reassignment Letter

3.  End Assignment  Thank You Letter

4.  Reorder Supplies

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_