



Sherborn Council on Aging

19 Washington Street

Sherborn, MA 01770

PH: 508-651-7858

Email: coaprograms@sherbornma.org

Volunteer Information Sheet

Name: _____

Address: _____

Telephone #: _____ Celluar #: _____

Email address: _____

Preferred way to be contacted: Email Phone (cell or home)

What types of volunteer opportunities interest you? Please check all that apply.

- Transportation Friendly Visit/Phone Calls Handy Person
 Technology Help Office Work Snow Shoveling/Yard Work
 Senior Café Lend a Hand (miscellaneous tasks)

Other (Please describe)

What time commitment would you like to give to volunteering?

- Once a week Twice a week More Flexible
 Once a month Twice a month Other _____

Special Talents or Interests:

Volunteer Form for Sherborn COA Continued...

Previous volunteer experience:

Do you have a driver's license?

Yes

No

Are you willing to drive clients in your car?

Yes

No

I have completed and attached a copy of the state required CORI form.

Please take the original form to the Town Clerk's office for processing.

References:

Name: _____ Telephone # _____

Name: _____ Telephone # _____

Signature: _____ Date: _____

Thank you for volunteering for the Council on Aging. We are looking forward to working with you.