



**Town of Reading**  
**16 Lowell Street**  
**Reading, MA 01867-2685**  
**Website: www.readingma.gov**

**Marie M. Ammer, L.C.S.W.**  
**Elder Human Services**  
**Phone (781) 942-6659**  
**Fax (781) 942-9071**

## Volunteer Application

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Special Training, Skills, Hobbies: \_\_\_\_\_

Groups, Clubs, Organization Membership: \_\_\_\_\_

When are you able to volunteer? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Do you have: Your own transportation? \_\_\_\_\_ Valid driver's license? \_\_\_\_\_

NOTE: In the event of an accident, the driver's insurance is primary. The Town's liability insurance is "Excess Liability Only". If you are concerned about liability, please ask us about a waiver.

How did you learn about the need for volunteers? \_\_\_\_\_

Reason(s) for wanting to volunteer: \_\_\_\_\_

Which volunteer position(s) would you like to learn more about? (circle one or more)

Arts & Crafts Leader	Fix-it/Lamp Repair Asst.	Medical Companion	Shopping Escort
Bingo Caller	Friendly Visitor	Medical Escort	Veteran's Group Leader
Book Discussion Leader	Holiday Worker	Office Assistant	Videographer
Computer Instructor	Income Tax Assistant	Receptionist	Walking Group Leader
COA Board Member	Kitchen Assistant	Shine Counselor	Weather Warriors
Decorator	Money Manager	Shopping Assistant	Other:

Please list 3 personal references with address and phone number below.

	Name	Address	Town	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**I attest the above information is accurate. Please provide a copy of your driver's license or government issued photographic identification.**  
**All Personal Information Will Be Kept Confidential**

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

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