

Baldwin Center-Volunteer Application

DATE _____

NAME: _____

PHONE _____

ADDRESS _____

BIRTHDATE _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____

Are you a member of the Baldwin Center? _____

Do **you have any special skills or talents?** _____

Would you be interested in leading a group or teaching a skill? _____

Would you prefer to work: Alone _____ With other people _____

Do you have any past volunteer experience? _____

Office use only: _____

Volunteer assigned to _____

Day _____ Time _____

Other _____

Volunteer Opportunities at the Baldwin Center

Check your areas of interest - Training will be provided as needed.

Name: _____ Phone: _____

Coffee Shop _____

Assist in the coffee shop preparing coffee and serving simple snacks.

Suggested Times: 8-10 _____ 10-12 _____ 12-2 _____ Floater _____ Preferred Days _____

Main Information Desk _____

Stationed at the main desk in the lobby-providing information to visitors about daily events or signing up members.

Suggested Times: 9-11 _____ 12-2 _____ Preferred Days _____

Telephone Receptionist _____

Answer the phones and direct calls.

Suggested Times: 8:30-11:30 _____ 12-3 _____ Preferred Days _____

Membership _____

When needed-help organize and update the membership roster.

Times Vary

South End Community Food Bank _____

Assist with food distribution at the South End Community Center.

Times Vary

Friendly Shopper _____

Do shopping once a week for a senior who is unable to get out.

Friendly Visitor _____

Visit and socialize with a senior in their home once a week.

Telephone Visitor _____

Call a senior at least once a week to provide socialization.

Interested in assisting with the C.A.R.E.S. Program? (Adult Daycare) _____

Interested in assisting with Benefit Programs? _____

Thank you for your help!