



Application Form

Name: _____

Address: _____

Home Phone: _____ Cellphone: _____

Email: _____

Which volunteer roles are you interested in? Please see corresponding pamphlets/brochures on each opportunity and check all those you have an interest in learning more about.

Facilitator/Coach in the following Evidence Based Programs:

Matter of Balance (MOB)

Powerful Tools for Caregivers

Healthy Living (Chronic Disease Self-Management)

Other Opportunities

Tai Chi Instructor

Community Health Worker

Office or administrative support

County of interest (Check all that apply):

Indian River Martin

Palm Beach Saint Lucie

Okeechobee

My typical availability (Check all that apply):

Monday

Tuesday

Wednesday

Thursday

Friday

Best time of day

Mornings

Afternoons

Number of Hours available to volunteer each week:

2 - 4

5 -10

More than 10

Other: _____

Number of hrs. available

What previous employment/work experience, including voluntary work do you have?

(Please include organization, position and dates/length of service)

What attracts you to volunteer with us and what would you like to gain from the experience?

EEO/AAP POLICY STATEMENT:

Area Agency on Aging of Palm Beach/Treasure Coast Inc. provides equal volunteer opportunities to all individuals regardless of their race, color, creed, religion, gender, age, sexual orientation, national origin, disability, veteran status, or any other characteristic protected by state, federal, or local law

Completed application forms can be sent to the following. Please attach your Resume if you have one.

Area Agency on Aging of Palm Beach/Treasure Coast Inc.

Attn: Liliana Herrera – Project Director of Healthy Living

4400 North Congress Ave

West Palm Beach, FL 33407

HealthyLiving@YourADRC.org

Tel: 561-214-8622

Fax: 561-214-8678

Signed: _____ Date: _____

Thank you for your interest in the Volunteering with Area Agency on Aging – Healthy Living. Your application form will now be considered and we will be in touch soon.