



Volunteer Application

Mr./Mrs./Ms./Miss/Other: (Circle One) Name: _____

AARP Membership No: _____ Nickname: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Day Telephone: _____ Evening Telephone: _____

Fax Number: _____ Email: _____

Seasonal Address (if applicable): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Seasonal Start Date: _____ Seasonal End Date: _____

Position Applied For: _____

Where did you hear about this volunteer opportunity? _____

Interests/AARP Program Areas: (It would be helpful for us to know other areas that may interest you. Please check all that apply.)

Interest Areas

- Assisting with Special Events
- Communications
- Community Activities
- Consumer Protection
- Education/Teaching/Presenting
- Health & Fitness

- Helping Others with Managing Finances
- Influencing Lawmakers & Others
- Management
- Public Relations/Marketing
- Working with Children
- Working with Older Adults

AARP Programs

- AARP Driver Safety Program
- AARP Grief & Loss Program
- AARP Tax-Aide Program

Would you like to be added to our email list for updates on AARP's advocacy efforts? Yes No

Skills: (please check all that apply)

- Advocacy/Promoting Issues
- Clerical/Administrative
- Community/Grassroots Organizing
- Computer Literacy
- Languages, Specify _____
- Leadership
- Public Speaking
- Research
- Training/Facilitation
- Volunteer Recruitment
- Writing/Editing

Availability: When are you available to volunteer?

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

Assignments: Short-term Long-term (1-2 year commitment) As needed

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

Starting when? _____

Past Experiences: Please share with us past experiences that you would like to use in your volunteer work.

Have you volunteered for AARP before? Yes No If yes, when and in what capacity?

List other volunteer experiences: _____

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.

Birth Date: _____ Gender: Male Female

Race/Ethnicity:

African American Native American Asian Hispanic/Latino Caucasian

Other _____

I hereby attest that the information I have provided in this application is true to the best of my knowledge.

Signature: _____ Date: _____

Please attach a resume, if available. Thank you!

FOR OFFICE USE ONLY

Approval: _____ Date: _____

Volunteer Type: _____

Functional Level: _____

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 Business Cards Name Badge

Start Date: _____ End Date: _____