

## Senior Volunteer Talent Bank Form

Name of Program Site: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Mr., Miss, Ms., Mrs., Dr.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

State

Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**What is your generation?** (Circle the age category in which you fit)

Under 60

60-69

70-79

80-89

90+

### Volunteer/Employment Experience:

In order of most recent activity, list those organizations with which you have been active as a volunteer or employee.

*Note: "V" for volunteer position or "E" for employment in the spaces below.*

Organization/ Agency Name	Volunteer (V)/ Employee (E)	Position(s)	Date From/To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Education:

1. High School \_\_\_\_
2. College \_\_\_\_
3. Advanced Degree – Field: \_\_\_\_\_
4. Other, please specify: \_\_\_\_\_

**Availability:** Starting Date \_\_\_\_\_

**When are you available to volunteer?**

Please circle the day(s) of the week you are available to volunteer:

Monday      Tuesday      Wednesday      Thursday      Friday

**At what time(s) of the day can you volunteer?** \_\_\_\_\_

**How often would you like to volunteer?**

Twice/Week or more      Once/Week      Every other week      Once/Month or less

**Any Preferences?**

For age group? \_\_\_\_\_ (Babies, Toddlers, Preschool, School Age)

Ongoing or limited/special assignments? \_\_\_\_\_

For working with children individually, in small groups, or with entire class? \_\_\_\_\_

**Transportation -- Do you:**

- 1. Have a valid driver's license? \_\_\_\_\_
- 2. Have use of a car? \_\_\_\_\_
- 3. Take the Bus \_\_\_\_\_
- 4. Rely on others? \_\_\_\_\_
- 5. Need assistance with arrangements \_\_\_\_\_

**Physical or medical limitations that may affect your volunteer work?**

- 1. None \_\_\_\_\_
  - 2. Yes, which will **not** affect most volunteer activity. \_\_\_\_\_
  - 3. Yes, which **will** affect volunteer activity. \_\_\_\_\_
- If yes, please specify: \_\_\_\_\_

**Talent List:**

Below is a list of specific talents or expertise that you might have. Check those that apply to you. Please **DO NOT** be bound by this list, and feel free to add any of your own at the end.

- |                                 |                             |                              |
|---------------------------------|-----------------------------|------------------------------|
| ____ Anthropology               | ____ Fine Arts              | ____ Physical Education      |
| ____ Antiques                   | ____ Flower Arrangement     | ____ Physics                 |
| ____ Architecture               | ____ Folk Art               | ____ Program Administration/ |
| ____ Arts & Crafts              | ____ Folklore               | Coordination                 |
| ____ Baking                     | ____ Grandchildren Sitting  | ____ Psychology              |
| ____ Biology                    | ____ Geology/Earth Sciences | ____ Religion                |
| ____ Business Administration    | ____ Grant-Writing          | ____ Secretarial             |
| ____ Canning                    | ____ Caregiving             | ____ Graphics                |
| ____ Sewing/Knitting/Crocheting | ____ Carpentry              | ____ Health Care Planning    |
| ____ Social Work                | ____ Chemistry              | ____ History                 |

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sociology               | <input type="checkbox"/> Chess/ Board Games             | <input type="checkbox"/> Horticulture               |
| <input type="checkbox"/> Sports                  | <input type="checkbox"/> Civic Revitalization           | <input type="checkbox"/> Interior Design/Decoration |
| <input type="checkbox"/> Commercial Art          | <input type="checkbox"/> Law                            | <input type="checkbox"/> Stamp/Coin/Card            |
| <input type="checkbox"/> Collecting              | <input type="checkbox"/> Computers/Computer Sciences    |   |
| <input type="checkbox"/> Library Science         | <input type="checkbox"/> Tea Ceremony                   | <input type="checkbox"/> Consumer Rights            |
| <input type="checkbox"/> Marketing/ Advertising  | <input type="checkbox"/> Teaching                       | <input type="checkbox"/> Cooking                    |
| <input type="checkbox"/> Mathematics/ Statistics | <input type="checkbox"/> Travel                         | <input type="checkbox"/> Counseling                 |
| <input type="checkbox"/> Medicine                | <input type="checkbox"/> Zoology                        | <input type="checkbox"/> Creative Writing           |
| <input type="checkbox"/> Music                   | <input type="checkbox"/> Dentistry                      | <input type="checkbox"/> Nursing                    |
| <input type="checkbox"/> Engineering             | <input type="checkbox"/> Performing Arts/ Entertainment |   |

**Other Areas:** \_\_\_\_\_

**As a final note, would you be so kind as to recommend people who might be potential volunteers in this intergenerational program?**

Name	Phone Number
_____	_____
_____	_____
_____	_____