

Volunteer Application

PLEASE RETURN TO:

rwasdirector@gmail.com

240 Harrison Street Suite 2

Red Wing, MN 55066



www.redwingareaseniors.org

651.327.2255

Contact Information

| | |
|------------------|---------------------------------|
| Name | Date |
| Address | |
| City, State, Zip | |
| Cell Phone | Do you text? Yes or No (circle) |
| Other Phone | |
| E-mail | |

Availability

During which hours are you available for volunteer? (Please check all that apply.)

Weekday Mornings

Weekday Afternoons

Weekday Evenings

Weekend Mornings

Weekend Afternoons

Weekend Evenings

Interests

Tell us which areas you are interested in volunteering:

Reception Desk

Special Events

Sewing/Crafting

Promoting

Baking

Computer

Annadee's Closet

Building Supervisor

Senior Homework

Building Care

Teaching Classes

What kind? _____

Other interests or important
info _____

Person to Notify in Case of Emergency

| | |
|----------------|--|
| Name | |
| Cell Phone | |
| Other Phone | |
| E-mail Address | |