



Pitt County Council on Aging

Date: _____

Volunteer Application

Name: _____
(last) (first) (middle)

Address: _____
(street) (city) (state) (zip)

Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____
(name) (relationship) (phone)

References: List two non-family members.

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you had a driving violation in the last three years? _____ If so, explain. _____

Have you ever been convicted of a criminal offense? _____ If so, please explain. _____

Driver's License # _____ Date of Birth _____

Preferences: Office Special Events Meals on Wheels Class Instructor Medicare Counseling Repairs
Landscape Computers Training/Development Electrical Carpentry Networking

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8-11							
Afternoon 11-2							
Evening 2-5							