

**Alternatives
Volunteer Application Form**

What Volunteer Opportunity are you applying for?

_____ **Money Management:** A volunteer program that matches volunteers with seniors who need help managing their finances. The volunteers can organize and pay bills, establish and maintain budgets, assist in applying for financial programs and assist with setting and achieving financial goals. Money Management volunteers can also work within the Alternatives office assisting with filing, data entry or monitoring paperwork.

_____ **Clerical (Office Help):** Filing, folding brochures, putting informational packets together and helping out with mass mailing. Volunteers may come in as needed or on a regular basis.

_____ **Tea for Two Event Volunteer:** Held in April, The Tea for Two is the largest fundraising event for Alternatives. Volunteers may just help out on the day of the event and/or join the planning committee. (Committee meeting generally take place during office hours)

_____ **Other**

How did you learn about these volunteer opportunities? _____

Your Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Email: _____

Education: _____

Employer Name: _____

Phone Number of Employer: _____

Occupation/Title: _____

Work Experience: _____

Volunteer Experience: _____

Hobbies and/or Activities: _____

Please check the days of the week and time of day that you are most often available to volunteer:

S _____ M _____ T _____ W _____ TH _____ F _____ SA _____

Who are you most comfortable working for? (Please check all that apply)

male _____ female _____ elderly _____ physically handicapped _____ mentally handicapped _____

_____ individual with drug/ alcohol problem

Check the settings you are comfortable with.

homebound _____ individual in group care _____

Do you speak any foreign languages fluently? _____ If so what language? _____

References (Professional references preferred)

Name: _____ **Relationship:** _____

Address: _____

Phone Number: _____

Name: _____ **Relationship:** _____

Address: _____

Phone Number: _____

Name: _____ **Relationship:** _____

Address: _____

Phone Number: _____

**Return To:
Alternatives
1803 7th St.
Moline, IL 61265**

Questions: 309-277-0167 or 1-800-798-0988