



# Volunteer Application

North Star Council on Aging, Inc.

Fairbanks Senior Center

1424 Moore Street

Fairbanks, AK 99701

Phone: (907) 452-1735 | Fax: (907) 451-9974

## Personal Information

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

City, State, & Zip code \_\_\_\_\_

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

If different from above/ PO Box

City

State

Zip code

Telephone Number \_\_\_\_\_

Home

Cell/Other

Birthdate \_\_\_\_\_ SSN: \_\_\_\_\_

## Volunteer Information

Volunteer Position Desired or Applying for \_\_\_\_\_

Date you can start \_\_\_\_\_ Total Hours Available \_\_\_\_\_

Days of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available							

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (cell) \_\_\_\_\_

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

City, State, & Zip code \_\_\_\_\_

HR USE \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_