

Senior Volunteer Program Application



PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____
Street City State Zip

Phone Number: _____ Date of Birth: _____

Email Address: _____ Social Security #: _____

Retired PERA: Yes No

EMERGENCY CONTACT

Name: _____ Phone: _____

VOLUNTEER INFORMATION

What type of work would you like to do for the tax work-off program? Mark all that apply.

- Clerical Tutoring
- Classroom Assistance
- Outdoor Grounds Work
- Light Custodial
- Library
- Other: _____
(Please Specify)

Do you prefer volunteering at a specific school or location?

- No Yes _____
(Please Indicate)

What hours and days do you prefer to work? _____

Are you proficient on a computer? Yes No

Skills you have that may be helpful in placing you: _____

Physical or health conditions we should be aware of (climbing stairs, lifting, etc.): _____

ELIGIBILITY REQUIREMENTS

Please check box next to each criterion to verify your eligibility.

- Applicant must be 60 years of age or older, or a person with a disability, certified by a doctor with certification attached.
- Applicant must own AND live in the home for which they are applying (must be residential non-income producing).
- Applicant must reside in the St. Vrain Valley School District boundary area.
- Only one person per household may apply.
- Applicants cannot be a current St. Vrain Valley School District employee.

Signature: _____

Call 303-682-7205 with questions.

Please return completed applications to jonason_kristie@svvsd.org or:

St. Vrain Valley Schools
Attn: **Kristie Jonason**
395 S. Pratt Parkway
Longmont, CO 80501