



**Volunteer Application Form**  
**Bakersfield Senior Center, Inc.**  
**530 4<sup>th</sup> St.**  
**Bakersfield, CA. 93304**  
**(661) 325-1113 (phone) (661) 325-8385 (fax)**

*"Built on a Foundation of Love"*

First Name	Last Name	Middle

**Mailing Address**

Street	City	Zip Code

**Telephone**



**Date of Birth**



**Male**  **Female**

**Do You Have Transportation (please circle one):** **Personal Vehicle**    **Public Transportation**

**Driver's License #**



**Current Auto Liability Insurance?** Yes  No

**Emergency Contact**

Name/Relationship	Phone

**2<sup>nd</sup> Emergency Contact**

Name/Relationship	Phone

**Ethnic Group (please circle one):** **Caucasian**    **Hispanic**    **African American**    **Native American**  
**Asian/Pacific Islander**    **Other**

**Languages spoken other than English** \_\_\_\_\_

**Skills and/or Experience** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Days / Time Available**

**Physical Limitations, if any** \_\_\_\_\_

**Date** \_\_\_\_\_ **Volunteer's Signature** \_\_\_\_\_

**Start Date** \_\_\_\_\_ **Assigned To Supervisor:** \_\_\_\_\_

**Worksite Location/Division:**