



**COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT**

**Elderly & Disability Service Division**



**Senior Corps Volunteer Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:  Male  Female      Veteran  Yes  No      Marital Status  Married  Widowed  Single  Divorced

Telephone No: \_\_\_\_\_ Last 4 digits of Soc.Sec. No: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Previous Occupations: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ No. of Persons Living in your Home: \_\_\_\_\_

**Area of Interest**

Method of Transportation: \_\_\_\_\_ Willing to Work:  Morning  Afternoon

Tell us why you wish to become a Volunteer: \_\_\_\_\_

List Memberships to Organizations or Senior Clubs: \_\_\_\_\_

List Hobbies & Special Skills: \_\_\_\_\_

Program/Area (s) of Interest: [Check All that Apply] Working with:  
 Children  Seniors  Veterans  Individuals with Disabilities

**Emergency Contact Information**

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

Phone: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

**Character References**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Household Income**

Your Annual Income: \$ \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_

Source of Income	You	Spouse	Household Members
Social Security Benefits Pr. Mo. (\$)	→		
Public Assistance (e.g. Food Stamps)	→		
Income from wages or salary	→		
Other Income	→		

**Certification**

I \_\_\_\_\_, do certify that the above information as stated is correct to the best of my knowledge. I also consent to having the department perform or arrange for a criminal history check in accordance with the Federal requirements for the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit Application to: **Miami Dade Community Action and Human Services  
Elderly and Disability Services Division  
701 N.W. 1st Court 11th Floor  
Miami, Florida 33136  
Phone: (786) 469-4707 Fax: (786) 469-4510**

**For Office Use Only**

Referred to: FGP CP SVP      E ligible      Not igible

Referred by (Staff Name) : \_\_\_\_\_ Date Referred: \_\_\_\_\_

