



Salt Lake County Aging & Adult Services Volunteer Application

Name:		
Email Address:		
Phone:	Address:	
City:	State:	ZIP:

Availability (Please circle all that apply – Typical shifts are 1 – 3 hours)									
Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

What type of volunteer work are you interested in doing?

Please list any qualifications you have which may be applicable to this position.

Have you ever been convicted of a criminal offense, felony or misdemeanor?	Yes	No
--	------------	-----------

Emergency Contact Information

Name:	Phone:
--------------	---------------

Volunteer Signature:	Date:
----------------------	-------

Coordinator Signature:	Date:
------------------------	-------