

Please print this form, fill it out and mail to:

Iowa City Senior Center
28 S Linn St
Iowa City, IA 52240

**Iowa City/Johnson County Senior Center
Volunteer Application**

Date _____ Birthday _____

Name _____
Last first MI

Address _____
City State IA Zip code

Home Ph _____ Work Ph _____ Cell Ph _____

Email _____

In case of emergency, contact _____

Relationship _____ telephone _____

Past experience, related training, skills: _____

What volunteer job(s) are you interested in?

1. _____ 2. _____

3. _____ 4. _____

Which day(s) of the week do you want to work? M T W Th F Sa Su

Do you prefer a.m. p.m. either - weekends? _____ holidays? _____

Comments: _____

Volunteer position assigned: _____

(For office use only)