Community Partnership on Aging/Adult Volunteer Interest Form

Name: ____________________  Date: __________
Address: ____________________  City & Zip Code: ____________________
Phone Number: (        ) ___________  Cell Phone Number: (        ) ___________
Email Address: ____________________

Please place a check (√) next to the volunteer job(s) in which you are most interested in becoming involved:

**Older Adult Volunteers (Age 60+):**
- Provide clerical assistance at South Euclid or Lyndhurst Community Partnership on Aging office
- Assist Program Coordinator with daily programming at community centers
- Distribute or collate monthly newsletters
- Conduct “care calls” (phone calls to other seniors at home)
- Make “friendly visits” to homebound individuals
- Run errands and/or grocery shopping for older adults
- Assist with residential computer instruction
- Serve on Community Partnership on Aging committees
- Lead a class or group (Interest: ____________________)
- Escort a Community Partnership on Aging bus trip
- Provide consulting assistance to Community Partnership on Aging (Expertise: ____________________)
- Conduct AARP tax assistance
- Volunteer at Hospice of the Western Reserve Resale Store
- Volunteer at schools (South Euclid/Lyndhurst, Mayfield, or Hawken Lower School)
- Volunteer at the Saturday Tutoring Program (Lyndhurst Community Presbyterian Church)
- Volunteer at the Community Volunteer Tutoring Program (Cuyahoga Community College)
- Complete school cutting or tracing projects in home setting
- Assist as a nutrition program volunteer

**Community Volunteers (all ages):**
- Conduct “care calls” (phone calls to other seniors at home)
- Make “friendly visits” to homebound individuals
- Assist with residential computer instruction
- Take out trash
- Shovel snow on steps and walkways
- Complete seasonal yard work
- Complete garage or basement cleanup
- Conduct simple repairs
- Run errands and/or grocery shopping
- Maintain interiors, exteriors of homes (painting, repair, carpentry, etc.)
- Serve on Community Partnership on Aging committees
- Lead a class or group (Interest: ____________________)
- Provide assistance as professional contractor (Skill Area: ____________________)

Please mail, fax (216-291-0773), or email this form to Corinne R. Dunn, Community Partnership on Aging, South Euclid Community Center, 1370 Victory Drive, South Euclid, OH 44121. Email Address: dunnnc@communitypartnershiponaging.org.