



CUMBERLAND COUNTY AGING & COMMUNITY SERVICES

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Barbara Cross
Chairman

Jim Hertzler
Vice Chairman

Gary Eichelberger
Secretary

Terry L Barley
Director

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Email Address: _____

◇ Are you fluent in any language other than English? (Specify) _____

◇ Do you have your own transportation? _____

◇ Geographic area you are willing to serve: _____

◇ Educational background: _____

◇ Employment background: _____

◇ Volunteer experience: _____

◇ Type of volunteer work in which you are interested:

Ombudsman _____ APPRISE/Health Insurance Counseling _____

Outreach/Public Speaking _____ Other _____

◇ Are you able to meet a 4 hour per month minimum commitment? _____

◇ References: (Not relatives)

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature: _____ Date: _____

Reviewed by: _____ Date: _____