



A One Stop Shop for Minnesota Seniors

Southeastern Minnesota Area Agency on Aging
2710 Superior Drive NW, Suite 102,
Rochester, MN 55901
507-288-6944

Serving the 11 Counties of Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona

Senior LinkAge Line®
Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____
home cell email

Date of Birth: _____ Male: _____ Female: _____

Please present what attracts you to becoming a volunteer with the Senior LinkAge Line®:

Three horizontal lines for text entry.

Please list any skills, experiences, and interests you feel may be useful in volunteering with the Senior LinkAge Line®.

Three horizontal lines for text entry.

Please list any paid and volunteer positions you had during the past 10 years:

Position Agency/Organization Length of Service Hours per week

Four horizontal lines for table entries.

Please indicate your availability for being a volunteer: _____

One horizontal line for text entry.

Please list three professional or organizational references:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

I give my authorization for the Senior LinkAge Line® to contact my references: Yes ___ No ___

Signature: _____

By signing this application, below, I affirm the above information is correct to the best of my knowledge:

Signature: _____ Date: _____

*Thank you for your interest in applying to be a volunteer
with the Senior LinkAge Line®*