

Community Service Volunteer Application

Wallingford Senior Center
238 Washington Street
Wallingford, CT 06492
203-265-7753



Thank you for your interest in volunteering at the Wallingford Senior Center. This application is for Community Service Volunteers.

1. Applicants must be able to serve during our regular business hours which are 9:00 AM to 4:00 PM, Monday through Friday.
2. Typical service includes kitchen help and custodial help.
3. Volunteers are responsible for keeping their own record of service.
4. Failure to perform service duties or comply with service schedule may result in termination of community service.
5. Volunteers must be 13 years of age or older.

Name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Reason for Service: ☐ School ☐ Court Ordered ☐ Other: _____

Number of hours requested: _____ Deadline for Service: _____

Any special talents or skills you have that you feel would benefit the center:

Signature of Applicant: _____

Please submit completed application to the front desk at the Wallingford Senior Center.
Further questions may be directed to:

William Viola, Executive Director
Phone: 203-265-7753
Fax: 203-941-2117
E-mail: office@wlfdseniorctr.com