



LIFESPAN RESPITE CARE VOLUNTEER APPLICATION

District of Columbia Office on Aging
500 K Street NE Washington, D.C. 20002

Name:
Gender:

Date of Birth:

Address:
Home Phone:

Cell Phone:

Email:
Ward:

Emergency Contact:

Name:
Address:
Relationship:
Home Phone:

Cell Phone:

Do you have reliable transportation? Please check or circle all that apply.
Personal Vehicle ___ Taxi ___ Metro ___ Metro Access ___

Have you ever been convicted of a misdemeanor or a felony? Yes or No

If yes, please explain:

Are you at least 18 years old? Yes No

Referral Source:

Address:
Business Phone:

Qualifications: Describe your qualifications and why you can make a contribution to the lifespan respite volunteer program: _____

Availability	8 am -12 pm	12 pm- 4 pm	4 pm-8 pm	Desired Ward to Work in?
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Volunteer Signature: _____

Date: _____

- All applicants are subject to background checks requirements.