



Stoughton Council on Aging
110 Rockland Street, Stoughton, MA 02072/781-344-8882
Volunteer Program

Date _____ Date of Birth _____
Name _____ Cell _____ Work _____
Phone: Home _____
Email _____

VOLUNTEER OPPORTUNITIES

- **Friendly Visitor:** 1 or more hours weekly to visit Stoughton homebound and nursing home seniors.
- **Meals on Wheels:** Deliver meals 1 or more days a week. 1-2 hours.
- **Escorts:** Assist seniors to medical appointments as needed. Assist new members to Senior Center for a day.
- **Newsletter Distribution:** To deliver monthly newsletters to various locations.
- **Special Event Volunteers:** Serve and set-up for cookouts, parties, etc.

What volunteer job(s) are you interested in?

1. _____
2. _____

Which days of the week are you available?

M T W Th F Sa Su

What time(s) of day are you available?

Mornings Afternoon Evenings

Comments

For Office Use Only

Volunteer Position _____

Assigned _____ Start Date _____ End Date _____ Waiver _____

Tag _____ Access Card _____

Notes _____