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**Health and Wellness**

**Volunteer Instructor Application**

# Date: Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City, State, ZIP:** Click or tap here to enter text.

**Phone(s):** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Best way to contact me:** Click or tap here to enter text.

**Emergency Contact Name:** Click or tap here to enter text.

**Emergency Contact Phone:** Click or tap here to enter text.

**Gender:  female  male**

**Birthday (month & day):** Click or tap here to enter text.

**Age group:** Less than 50 yrs.  50-54 yrs.  55-59 yrs.

60-64 yrs.  65-69 yrs.  70-74 yrs.

75-79 yrs.  80-85 yrs.  Over 85 yrs.

**Education:**

Some high school  High school graduate

## Some college or vocational school College graduate

Some graduate school  Graduate school

**Occupation or life experience**: Click or tap here to enter text.

**Hobbies and activities enjoyed:** Click or tap here to enter text.

**Other volunteer experiences:** Click or tap here to enter text.

**Do you speak more than one language?  Yes  No**

**If yes, what language(s):** Click or tap here to enter text.

**Do you have transportation?** Yes  No

**How did you hear about our Health and Wellness programs?**

Flyer  Newspaper  Word of Mouth  Presentation

Other: Click or tap here to enter text.

**Which program(s) are you interested in teaching?** Click or tap here to enter text.

**Why are you interested in becoming a volunteer coach/instructor?** Click or tap here to enter text.

**My Basic Availability:**

I would be available for sessions held (select all that apply):

Monday  Tuesday  Wednesday  ThursdayFriday

Best time of day:

Mornings

Afternoons

Not sure- please call me when you are scheduling a class

The best location for me is:

Lee County  Charlotte County  Collier County

Hendry County  Glades County  DeSoto County

Sarasota County  Specific Area: Click or tap here to enter text.

**Additional Comments or Questions:** Click or tap here to enter text.

**Thank You!**

Please complete application and return to Sherry Young, Health & Wellness Coordinator at the Area Agency on Aging for Southwest Florida: <sherry.young@aaaswfl.org>

or Fax to 239-652-6970