

Date: _____



Volunteer Application for Aging with Gusto Facilitator

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip _____

Email: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Best number to reach you: Home Work Cell

What is your work status: Retired/not working for pay Working part time Working full time

What **interests** you about being a VAN Aging with Gusto facilitator?

What do you believe are the greatest **strengths** that you bring to the role?

Please tell us about yourself. (Background, **skills, knowledge, experiences that relate to** your role with Aging with Gusto and VAN.)

What time of day is: Mornings Afternoons Evenings
facilitating? (Mark all that apply)

Where are you able to East metro West metro South metro
facilitate? (Mark all that apply) North metro Outstate MN

Demographic Information (optional)

Providing the following information is optional. It is used only to help us get a better idea of the demographic make-up of our volunteers.

Date of birth: _____

Age: _____

Gender: _____

Ethnicity: _____

Please submit your application to info@vital-aging-network.org or mail to:
Vital Aging Network, 4156 Kindred Way, P.O. Box 51, Lake Elmo, MN 55042