



Senior Activity Center Volunteer Application Form

Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Best time to call: _____

How did you hear about volunteer opportunities at the Senior Activity Center?

What interest you about volunteering for the Senior Activity Center? _____

What are your volunteer interests? _____

For what length of time would you like to volunteer? _____

When are you available? _____

Emergency contact, who may we contact in case of emergency?

Name: _____ Relationship: _____

Cell or Home phone: _____

Name: _____ Relationship: _____

Cell or Home phone: _____

Any other information we need to help you during an emergency situation? _____

Acknowledgements

Background Check: I understand and authorize Senior Activity Center (SAC) to conduct a criminal background check. I understand SAC reserves the right to refuse to accept volunteer applicants whom background check reflects the following incidents:

(1) a domestic abuse incident in the past 10 years or (2) child molestation in the last (15) years. SAC management is empowered to utilize their experience to make

exceptions. These exceptions will be documented, signed by the Director and Board President and placed in the volunteer's file. All information is confidential.

Please initial: I agree _____ I do not agree _____

Photography Release: I give permission to SAC to photograph me while I am providing services as a volunteer. These photographs may be used in newspaper articles, newsletter or for recognition purposes only.

Please initial: I agree _____ I do not agree _____

Volunteer Badge: I agree to wear my volunteer badge anytime; I am working as a volunteer. Please initial: I agree _____ I do not agree _____

Volunteers Under Age 18: I understand that I, my parent or guardian must sign a Youth Volunteer Waiver of Liability and Release before I am allowed to start my service.

Please initial: I agree _____ I do not agree _____

Volunteers Under 16: I understand that in addition to the Youth Volunteer Waiver of Liability and Release, I must work alongside another qualified SAC volunteer who is at least 21 years of age and who has agreed to serve as my adult volunteer partner.

Please initial: I agree _____ I do not agree _____

Signed by: _____ Date: _____