



VOLUNTEER APPLICATION (Individual)

Name _____ Date _____
(please print)

Home Address _____ City _____ Zip _____

Home Phone _____ Email Address _____

Bilingual (please circle): Y N Language(s) _____

Referred by: SCC Website ___ News Story ___ Work ___ Other _____

Volunteer Assignment Preferences

Serving meals ___ Senior Activities ___ Admin support ___ Other (explain) _____

Preferred days of service (please circle): M T W TH F S Su

How many hours per month are you willing to volunteer? _____

Lunch hours are between 11:30am and 1:30pm, depending on location

Will you be volunteering with a group (please circle)? Y N

Name of group/organization _____

Why do you want to volunteer? _____

Emergency Contact

Name _____ Relationship _____ Daytime Phone _____

Do you have any physical or other limitations that could affect your ability to engage in volunteer activities?
___yes ___no If "yes", please describe briefly _____

Confidentiality

I understand that as a Senior Community Centers volunteer, I may be exposed to personal and/or confidential information, including but not limited to, information regarding clients, donors and/or vendors of Senior Community Centers. I agree that I will not disclose personal and/or confidential information I obtain as a volunteer for Senior Community Centers to any unauthorized body. Initial _____

Liability

I hereby acknowledge that there are certain risks of injury involved in participating in volunteer activities, and I knowingly and freely assume all such risks and assume full responsibility for any such injury. To the extent allowed by law, I agree to indemnify and hold harmless Senior Community Centers, its governing board, officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation as a volunteer. _____

Publicity

I hereby release my rights, ownership and usage of any photos or images taken during the course of my volunteer time. I grant ownership to SCC to use the images to promote the agency however they see fit. Initial _____

I have had the opportunity to read and understand the above, including the release, and acknowledge that by signing the document, I am waiving certain legal rights in the event of injury. BY SIGNING BELOW, I accept and agree to the terms contained above.

Signature: _____ Date: _____

Please mail this application to 525 14th Street, Suite 200, San Diego, CA 92101 or email to jared.mccannell@servingseniors.org. Please allow up to one week for your application to be processed. You will be contacted for an interview and volunteer orientation.

For office use only

Date received _____ Complete? _____ Follow-up required _____ Date sent to Development _____