



# Mt. Si Senior Center Volunteer Application Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

How did you hear about volunteer opportunities at Mt. Si Senior Center?

- Mt. Si Senior Center website
- Snoqualmie Valley Community Network
- Poster or Flyer
- Facebook page -- whose? \_\_\_\_\_
- United Way volunteer board
- Employee/Volunteer -- who? \_\_\_\_\_
- VolunteerMatch.org
- Other \_\_\_\_\_

What interests you about volunteering for the Mt. Si Senior Center? \_\_\_\_\_

What are your volunteer interests?

- Meal prep & serving
- Building maintenance
- Fundraising
- Boomerang Thrift store
- Social media/website
- Driving shuttle bus for senior trips
- Landscaping
- Reception/Front Desk
- Driving seniors to appointments
- Special events
- Data entry
- Other: \_\_\_\_\_

For what length of time would you like to volunteer? Check all that apply:

- Summer only
- One time
- 3 months
- Indefinite
- School year
- 1 month
- 6 months
- Other \_\_\_\_\_

When are you available?

Check all that apply

	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you a Veteran?  yes  no

Are you pursuing mandated service hours for school or the courts?  yes  no

If so, how many hours? \_\_\_\_\_ What date are hours due by? \_\_\_\_\_

Do you need accommodations to meet the physical, mental or behavioral demands of a volunteer position? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts. Who can we contact in case of an emergency?

Contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**Acknowledgements**

Please Initial	
I agree	I do not agree
_____	_____
_____	_____
_____	_____
_____	_____

**Background Check:** I understand and authorize Mt. Si Senior Center (MSSC) to conduct a criminal background check. I understand MSSC reserves the right to refuse to accept volunteer applicants whose background check reflects the following incidents: (1) a felony conviction in the past 15 years or (2) a domestic abuse incident in the past 10 years. MSSC management is empowered to utilize their experience to make exceptions. These exceptions will be documented, signed by the Executive Director and placed in the volunteer's file. All information is confidential.

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

**Volunteer Badge:** I agree to wear my volunteer badge anytime I am working as a volunteer.

**For 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.

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

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_



## Authorization for Release of Information

I, \_\_\_\_\_, authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they have about me to Mt. Si Senior Center for the purpose of pre-employment and/or volunteer screening. I release them from any liability or responsibility and agree to indemnify them. I also authorize the procurement of an investigative consumer report and I understand such a report may contain information about my background, character and personal reputation.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Other last names used: \_\_\_\_\_

Other first names used:  
\_\_\_\_\_

Driver License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_ years \_\_\_\_\_ months

Previous Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_ years \_\_\_\_\_ months

**Notice to Applicant:** In the State of Washington, credit reports of employees or job applicants cannot be accessed unless such information is substantially related to the individual's current or potential job responsibilities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MSSC use only:

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## Youth Volunteer Waiver of Liability & Release

A Youth Volunteer Waiver of Liability and Release must be completed by the parents or guardians of all volunteer applicants under the age of 18.

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I give permission for my child to serve as a Volunteer at the Mount Si Senior Center (MSSC). I understand that my child (if under the age of 16 years) must work alongside another qualified MSSC volunteer of at least 21 years of age at all times. I give permission for the following individual to serve as my child's adult volunteer partner:

Adult's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please initial each point below:

- \_\_\_\_\_ My child will abide by the mission, rules, regulations, policies and programs of MSSC while serving as a volunteer.
- \_\_\_\_\_ MSSC is not liable for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which my child might sustain in connection with the performance of their volunteer duties at MSSC
- \_\_\_\_\_ I hereby release and indemnify, defend and hold harmless the Mount Si Senior Center, its directors, officers, employees, agents, and volunteers and their heirs and successors and assigns.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only - Volunteer Application check list

- Application submitted Program Coord.
- Background check completed Program Coord.  Pass  Fail Date \_\_\_\_\_
- Client record created in database and assigned to a department manager Program Coord.
- Volunteer Interview with Manager Dept. Mgr. Who \_\_\_\_\_ Date \_\_\_\_\_
  - Nutrition  Driver
  - Thrift Store  Front Desk/Ambassador
  - Facilities/Grounds  Data Entry
  - Other \_\_\_\_\_
- First Day set by Dept. Manager Dept. Mgr.
- Volunteer Orientation Complete Vol. Chair/ Prog. Coord. Date \_\_\_\_\_