



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
- Facebook page -- whose? _____
- Poster or Flyer
- Employee/Volunteer -- who? _____
- United Way volunteer board
- Other _____
- VolunteerMatch.org

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

What are your volunteer interests?

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

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: _____

What other volunteer positions have you held?

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
<p>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.</p>	_____	_____
<p>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.</p>	_____	_____
<p>Volunteer Badge: I agree to wear my volunteer badge anytime I am working as a volunteer.</p>	_____	_____
<p>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.</p>	_____	_____
<p>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.</p>	_____	_____

Signed by: _____ Date: _____

Volunteer Skills Inventory

Work Environment:

- | | |
|--|---|
| <input type="checkbox"/> Attention to detail | <input type="checkbox"/> Enjoy working alone |
| <input type="checkbox"/> Enjoy working with others | <input type="checkbox"/> Enjoy independent projects |
| <input type="checkbox"/> Detailed oriented | <input type="checkbox"/> Relates well to others |

Computer Skills:

- | | |
|--|---|
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Social media (Facebook) |
| <input type="checkbox"/> Working in Publisher | <input type="checkbox"/> Graphic design / Graphics |
| <input type="checkbox"/> Working in Excel | <input type="checkbox"/> Website maintenance (using Weebly) |
| <input type="checkbox"/> Working in Word | |
| <input type="checkbox"/> Other software programs you are familiar with _____ | |

Verbal Skills:

- | | |
|--|--|
| <input type="checkbox"/> Fluent in foreign language (please specify) _____ | |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Answer Phones | |

Miscellaneous Skills:

- | | |
|--|---|
| <input type="checkbox"/> Able to lift up to 20 pounds | <input type="checkbox"/> Facilitating group process |
| <input type="checkbox"/> Writing (i.e., articles, promotional materials) | <input type="checkbox"/> Teaching/coaching/instructions |
| <input type="checkbox"/> Stuffing envelopes | <input type="checkbox"/> Leading groups |
| <input type="checkbox"/> Researching special projects | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Posting flyers around town | |
| <input type="checkbox"/> Other (please specify) _____ | |

Please list any other skills or information you would like us to know: _____



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:



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