 Mt. Si Senior Center Volunteer Application Form

Todays 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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| O Meal prep & serving | O Building maintenance | D Driving shuttle bus for senior trips |
| O Fundraising | O Social media/website | O Driving seniors to appointments |
| O Landscaping | O Reception/Front Desk | D Other: |

What are your volunteer interests?

 O Special events O Data entry

O Event Set Up/Clean Up

|  |  |  |  |
| --- | --- | --- | --- |
| O Summer only | O One time | 0 3 months | O Indefinite |
| O School year | 0 1 month | 0 6 months | O Other |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| When are. you available? | Mon | Tue | Wed | Thu | Fri | Sat |

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

|  |
| --- |
| Check all that apply Morning Afternoon |
|  Are you a Veteran? O yes O 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:

Do you or a family member work for a company ;that does corporate match for volunteer hours or donations? No\_\_\_\_\_\_ Yes\_\_\_\_\_ Name of Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? 

Volunteer Skills Inventory

Work Environment:

|  |  |
| --- | --- |
| O Attention to detail | O Enjoy working alone |
| O Enjoy working with others | O Enjoy independent projects |
| O Detailed orientedComputer Skills: | D Relates well to others |
| O Data entry | O Social media (Facebook) |
| O Working in Publisher | O Graphic design / Graphics |
| O Working in Excel | O Website maintenance (using Weebly) |

O Working in Word

O Other software programs you are familiar with

Verbal Skills:

O Fluent in foreign language (please specify)

O Sign Language D Public speaking

O Answer Phones

Miscellaneous Skills:

O Able to lift up to 20 pounds O Facilitating group process

O Writing (i.e., articles, promotional materials) O Teaching/coaching/instructions

O Stuffing envelopes O Leading groups

D Researching special projects O Photography

O Posting flyers around town

O Other (please specify)

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

#

# A logo with mountains and text  Description automatically generated

**Please Initial Acknowledgements:**

**Background Check:** **Agree\_\_\_\_\_\_ Disagree\_\_\_\_\_**

 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:** **Agree\_\_\_\_\_\_ Disagree\_\_\_\_\_**

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: Agree\_\_\_\_\_\_ Disagree\_\_\_\_\_**

I agree to wear my volunteer badge anytime I am working as a volunteer.

**For Volunteers Under Age 18: Agree\_\_\_\_\_\_ Disagree\_\_\_\_\_**

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: Agree\_\_\_\_\_\_ Disagree\_\_\_\_\_**

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.

#  Authorization for Release of Information

 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 preemployment 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:

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:

#  Youth Volunteer Waiver of Liability & Release

oYOUR

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:



MSSC use only:

For Office Use Only - Volunteer Application check list

 Application submitted Volunteer Coord. Date



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |



|  |  |  |
| --- | --- | --- |
|  | NutritionFront Desk/AmbassadorFacilities/GroundsOther | C] Driver |

|  |  |  |
| --- | --- | --- |
| First Day set by Dept. Manager | Dept. Mgr. |  |
| Volunteer Orientation Complete | Vol. Chair/ Vol. Coord. | Date |

Revised March 2024

