



HEALTHY AGING *never gets old*

Date: \_\_\_\_\_  
 Vol Interest  Agreement

## Volunteer Pursuits & Agreement

(Please check one)  Mr.  Mrs.  Ms.  Miss  Dr.  Other \_\_\_\_\_

**\* NAME**

First Name                      Nickname (if preferred)                      MI                      Last Name

**\* ADDRESS**

Street

City                                              State                                              Zip

**\* Home Phone** (\_\_\_\_\_) \_\_\_\_\_                      **\* Cell Phone** (\_\_\_\_\_) \_\_\_\_\_

**\* Email** \_\_\_\_\_

**\* Birth Date** (Mo/Day/Yr) \_\_\_\_\_

Are you interested in a position at the Senior Center or in the Community?     Center  Community

**Volunteer Position:** \_\_\_\_\_

Do you currently or have in the past volunteered at the Center or in the Community?     Yes     No

If yes, where? \_\_\_\_\_

If you have any health limitations or disabilities, what accommodations do you need to work in a volunteer position? \_\_\_\_\_

What attracted you to this volunteer position? \_\_\_\_\_

**Where did you learn about this volunteer position?**

- Newsletter     Volunteer bulletin board     Website     Broadcast email     Media/TV-radio
- Referral from another member, member's name: \_\_\_\_\_
- Center employee, name: \_\_\_\_\_

What skills, training, expertise or knowledge do you wish to utilize while volunteering at the Center?:

Senior Center, Inc. welcomes everyone regardless of race, color, religion, gender, sexual orientation, gender identity, national origin, age, physical or mental disability, or any other basis prohibited by law.

**\* Must be completed**

**PLEASE CONTINUE ON BACK**

**OVER**

**Volunteer Agreement continued...**

Do you have a valid Virginia Driver’s License?  Yes  No

Have you been convicted of any law violations?  Yes  No

If yes, explain. \_\_\_\_\_

Present employment status:  Full-time  Part-time  Not working  Retired

Present or Former Occupation/Career: \_\_\_\_\_

**Volunteer opportunities to consider if you didn’t provide a position title on the 1st page (check as many as apply)**

- Administrative support       Bingo group       Building & Grounds (lawn, grounds, building upkeep, rose garden)
- Bulk mail       Cafe attendant       Crafty Ladies (knit/crochet items for community projects)
- Front Desk       Lobby Ambassador       Photographer       Seamstress       Yard Sales
- Sew & Sews! (make medical dolls for children @ UVA hospital, foster bags, bibs, etc.)       Outreach (member calls, festivals, etc.)
- Program Leader (volunteer to run a program—provide subject and lead weekly, monthly, etc.)
- Special Events (luncheon, tickets, programs, dances, concerts, etc.)       Gratitude Brigade (sponsor thank you notes, phone calls)
- Volunteer in the community (mentoring, Heart Walk, United Way Day of Caring, Alzheimer’s walk, Meals on Wheels, literacy, etc.)

When available:  Monday  Tuesday  Wednesday  Thursday  Friday  
 Saturday (Senior Center CLOSED on Saturday)  Sunday

Times available to volunteer:  Morning 830 am—12 pm  Afternoon 12 pm-430 pm  Evening 430 pm-830pm

**\*EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

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

**Agreement & Waiver**

- 1) As a volunteer, I understand and have agreed to work without monetary compensation. Although I am not receiving monetary compensation for the work I do, I will do my work according to the high standards of Senior Center, Inc.
- 2) I understand that I am responsible & accountable for the work that I do. I agree to communicate openly with my supervisor and take any issues, problems, or concerns to him/her or to the Coordinator of Volunteer Resources who serves as the volunteer advocate.
- 3) I will be open-minded in my volunteer work and have a willingness to be trained and guided by my supervisor. I believe that I have an obligation to my supervisor, to my fellow volunteers, and to the membership of Senior Center, Inc. to do my part in promoting the mission of the organization while doing my volunteer work.
- 4) **I understand that information I receive is confidential and I agree not to disclose this information to anyone other than Senior Center staff. This includes, but is not limited to, health issues, mailing addresses, email addresses, phone numbers, birth dates, monetary donations, scholarship status, and the processes and methods I am taught, etc.**
- 5) I understand that if I am in violation of this Volunteer Agreement, I will be subject to release at the discretion of my supervisor and the Coordinator of Volunteer Resources, with the approval of the Executive Director.
- 6) I understand my position and am aware of any potential risks and benefits associated with it.
- 7) FOR AND IN CONSIDERATION OF my participation in the Senior Center, Inc. volunteer program, programs and activities, I forever release and covenant to hold harmless the Senior Center, Inc. and their officials, officers, employees, independent contractors, representatives and agents from any and all claims or causes of action for injuries, costs or other damages which I may hereafter have as a result of my participation in any Senior Center, Inc. program or activity. I expressly agree that this Release and Waiver is as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that if any portion is invalid, I agree that the balance shall continue in full force and legal effect.

**\*Signature** \_\_\_\_\_ **Date** \_\_\_\_\_