

Bozeman Senior Center

807 North Tracy Bozeman, MT 59715
406-586-2421 FAX 406-586-7739
website: www.montanaseniorcenter.org

2009 Volunteer Application

Name _____ Age _____

Mailing Address _____
Street address *City* *State* *Zip*

County _____ E-mail _____

Home Number _____ Cell Number _____

Employer _____ Work Phone _____

Please check one or more of the following activities you would like to help with:

- Fall Festival Table Setting Rest Stop Mailers Special Events Front Desk
 Foot Clinic Blood Pressure Kitchen Help Computer Help Second Hand Rose
 Pancake Supper Sunday Dinners Meals-On-Wheels

Please list any certification and/or trainings: _____

Days/Hours Available _____

- Regular Substitute Uncertain

How did you hear about the Bozeman Senior Center? Word of Mouth An Event Newspaper TV

Website Radio Newsletter Other _____

The following section must be completed to participate:

Yes No Have you ever been convicted for any felony crime involving "offense against the person," including assault, drugs, sexual or other abuse of children and or adults, endangering welfare of children, or of any felony crime involving "offense against property," including theft, burglary or crime fraud? If you answered yes, please describe the nature and date of the conviction and the penalty. _____

Background checks maybe required of volunteers participating in some activites (daycare volunteer, for example).

Signature _____ Date _____

Volunteer Assumption of Risk and Release Form

In consideration of being allowed to participate as a volunteer of the Bozeman Senior Center and related events, and activities, I the undersigned:

1. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
2. I give permission for the Bozeman Senior Center to use photographs, videos and general information about me in their efforts to publicize their programs.
3. I understand the Bozeman Senior Center staff members have the authority to exclude volunteers from the program for any behavior they deem to be unsafe, including the use of alcohol and illegal drugs, or being under their influence.
4. I give permission for Bozeman Senior Center staff to obtain emergency medical treatment for me as they deem advisable.
5. I understand and will ensure confidentiality and privacy in regard to history, records, and discussions about people the Bozeman Senior Center serves.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Volunteer's Printed Name

Signature

Date

EMERGENCY INFORMATION

Emergency Contact _____
Name Relationship Phone Number

Food/Drug Allergies _____

Existing Conditions/Meds _____

OFFICE USE ONLY

Form Reviewed (Please place date) _____

Contacted by Volunteer Coordinator (Please place date) _____