

VOLUNTEER ENROLLMENT FORM STUDIO 60 SENIOR CENTER

2200 Drake Ave Huntsville, AL 35805-5110 (256) 880-7080 / Fax (256) 880-7055

(Please Print)

(1.000)									
VOLUNTEER INFORMATION									
Last Name:		First:		Middle:	☐ Mr. ☐ Mrs	□ Mr. □ Miss □ Mrs. □ Ms.		Birth Date	
Mailing Address									
City:		State ZIP C		de	Home Ph	Home Phone No.		Cell Phone No.	
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Check this box if you do NOT wish to receive the free volunteer subscription to our SeniorLife Magazine:			Email Address						
Previous Work and/or Educational Experience:									
Type of Volunteer Assignment Desired:									
Describe any special skills or hobbies you have which may be incorporated into your volunteer experience:									
Do you speak/read/write any language other than English? ☐ Yes ☐ No If yes, which language and how well?									
Have you ever been convicted of an offense against the law other than a minor traffic ☐ Yes ☐ No violation? If yes, please explain:									
RSVP STATISTICAL INFORMATION									
Which ethnic group do you identify with (check_one): □ Caucasian □ African-American □ Hispanic				Gender: Female □ Male □					
☐ Asian, Pacific ☐ Native American/Alaskan Native Islander				Are you a veteran of the U.S. Military? ☐ Yes ☐ No					
☐ Other									
IN CASE OF EMERGENCY									
Name of Local Friend or Relative (not li	ving at san	ne address)		Relationship		Home Phone	No.	Work Phone No.	
						()		()	
Name of Local Friend or Relative (not living at same address)				Relationship		Home Phone I	No.	Work Phone No.	
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VOLUNTEER INTERESTS Please choose as many volunteer interests listed below as you like: Children (18 & Younger) **Public Safety** Community & Economic Development Mentoring Disaster Preparedness Reading/Tutoring Transportation Services Emergency/Safety Support Community Events Literacy Child Fingerprinting Community Garden Childcare Thrift Stores Empowerment Other Beautification Education Animals Activities **Environment** Gardening Health & Nutrition Clerical Wildlife/Land Protection Health Education Special Events/On-Call List **Environmental Awareness** Substance Abuse Recycling **Disabilities Programs** Non-Medical in-Home Care Seniors **Human Need Services** Hospice Meal Sites/Meal Deliveries Victim Advocates Support Services (ex. Senior Neighbors Crisis Support Information Desk) Medical Transportation Housing Medical Transportation Entertainment/Recreation Rehabilitation/Construction Food Distribution/Collection Arts & Education **Human Rights** Grocery Delivery **Arts & Culture** Adult Literacy Adult Day Care/Nursing Homes Home Task Assistance Docent Senior Citizens Advocate Host Special Events Historical Research/Recording Confidentiality Agreement: By signing below, I acknowledge that I WILL NOT: 1-Discuss a volunteer or client in front of that person or any other individuals, volunteers, or clients. 2- Discuss a volunteer or client in front of other volunteers, visitors, or staff not directly involved with that volunteer or client, I WILL: 1-Document in writing all information on volunteers or clients as required by the program. 2-When in my possession, keep documented confidential information in a locked file. Media Release: I Hereby give permission to the STUDIO 60 Senior Center to use photographs and/or video interviews for publication. YES NO I agree to volunteer my services through the Retired Senior Volunteer Program and I understand that I am not an employee of the STUDIO 60 Senior Center. Volunteers are responsible for maintaining confidentiality of all proprietary and privileged information to which they are exposed as volunteers. I further agree to indemnify, hold harmless and defend the STUDIO 60 Senior Center, its officers, agents, volunteers, and employees from any and all claims resulting from injury, damage or loss sustained by me, and arising from, connected with, or in any way associated with the activities of any Volunteer Projects I choose to participate in. I understand the information I provided may be verified and a background check may be conducted. Χ DATE SIGNATURE

Station(s) Assigned ______

Date Assigned ______ SUBMIT RESET

RSVP Staff Signature