

Volunteer Interest Form

*Twin Falls Senior Center
Serving the Community*



One Heart at a Time...

Welcome to the Twin Falls Senior Center! We are pleased you are interested in volunteering. Our volunteers provide an invaluable service for our community, and have a lifetime of talents to share. Thank you for your interest in volunteering!

Legal Name _____ Date: _____

Last First Middle Initial

Home Address _____

Street address City State Zip

E-mail _____ Birthdate _____

Home Number _____ Cell Number _____

Work Status _____ Work Phone _____

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

Dining Attendant Mailers Special Events Foot Clinic Meals-On-Wheels

Computer Help Flower Beds Breakfasts Janitorial

Days/Hours Available: Monday Tuesday Wednesday Thursday Friday Saturday

AM (9-1) PM (1-4:30) Anytime Short Term Long Term

Daily Weekly Monthly Will Call Basis

Why do you want to volunteer? _____

How did you hear about the Twin Falls Senior Center? _____

List any previous/current volunteer experience: _____

Please list any certification and/or trainings: _____

530 Shoshone St. West, Twin Falls, ID 83301. 208-734-5084.

website: www.tfseniorcenter.com

Volunteer Assumption of Risk and Release Form

In consideration of being allowed to participate as a volunteer of the Twin Falls 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 Twin Falls Senior Center to use photographs, videos and general information about me in their efforts to publicize their programs.
3. I understand the Twin Falls Senior Center staff members have the authority to exclude volunteers from the program for any behavior they deem to be disrespectful and/or unsafe; including the use of inappropriate language and/or behavior, use of alcohol and/or illegal drugs, or being under their influence.
4. I give permission for Twin Falls 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 Twin Falls 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

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 may be required of volunteers participating.

Signature _____ Date _____

EMERGENCY INFORMATION

Emergency Contact _____
Name Relationship Phone Number

Food/Drug Allergies _____

Existing Conditions/Meds _____

OFFICE USE ONLY

Form Reviewed (Please date) _____

Contacted by Volunteer Coordinator (Please date) _____