

# VOLUNTEER REGISTRATION



Print Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male     Female

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a criminal offense? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain (type of offense, date, location: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Senior Center Staff ID Verification \_\_\_\_\_

\_\_\_\_\_I understand that to protect participants, Niceville Senior Center (NSC) retains the right to conduct background checks. This includes, but is not limited to, routine name checks through law enforcement, license bureaus, and agency files.

\_\_\_\_\_I understand that as a volunteer, I may be exposed to confidential information pertaining to NSC participants. I agree to keep all participant information confidential both while I am a volunteer and after my commitment.

\_\_\_\_\_I understand that the statements contained in the Volunteer Policies and Procedures and Group/Organizational Handbook are intended to provide only general information about the current policies and practices of volunteering at NSC. NSC retains the right at any time, in its own discretion to delete, add, alter or amend any and all information, statements or terms and conditions stated in the policies.

\_\_\_\_\_I received a copy of the Volunteer Handbook and agree to adhere to all terms and conditions.

\_\_\_\_\_I have received a copy of my volunteer job description.

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

## AVAILABILITY

<input type="checkbox"/> Monday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	_____
<input type="checkbox"/> Tuesday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	_____
<input type="checkbox"/> Wednesday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	_____
<input type="checkbox"/> Thursday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	_____
<input type="checkbox"/> Friday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	_____

**AREAS OF INTEREST**

- SPECIAL EVENT VOLUNTEER: Assist with setting up/taking down for special programs and/or meetings
- CLEANING: General light duty cleaning       Deep cleaning/wiping down Grill Area
- Club Leader \_\_\_\_\_
- Café Concierge – Prepare and clean up coffee area, dispense ice using food regulation protocol, load dishwasher, wipe down tables, light café clean-up as needed
- Valet de Salle de Bain – Light sweeping, keep countertops dry, report to staff refills needed of toiletries
- Fitness room Steward – Periodically disinfect equipment, light dusting and sweeping
- Potential Volunteer Coordinator(s)
- Other \_\_\_\_\_

**Image Release**

In consideration of myself being allowed to participate in the City of Niceville program, related events and activities, the undersigned agrees that such participant’s likeness may be photographed or videotaped and that such images may be published in an outlet used to promote or publicize that program.

**RELEASE AND HOLD HARMLESS AGREEMENT**

I acknowledge that I am releasing and forever discharging the city of Niceville, its agents and employees, from any and all liability, either individual, joint or several, which they may incur as a result of any and all acts or omissions of negligence, comparative negligence, fault or liability, engaged in by them which causes, either directly or indirectly, any injury, loss or damage of any nature or kind whatsoever. I further agree in consideration for the use and enjoyment of the Niceville Senior Center do hereby hold the City of Niceville, its agents and employees, harmless from payment of any loss, damage, liability, including but not limited to, civil judgments, liens, attorney fees and costs incurred by the City of Niceville, arising out of or pertaining to in any way whatsoever, for the acts or omissions, negligence, comparative negligence, fault or liability, engaged in by them which causes, either directly or indirectly, any injury, loss or damage of any nature or kind whatsoever.

**AUTHORIZATION FOR MEDICAL TREATMENT**

In the event my spouse is not available for consultation, I do hereby authorize and consent to emergency medical treatment by any licensed medical physician or licensed emergency care personnel until such time as I have been taken (if necessary) to an emergency care facility or hospital. At such time as my medical conditions shall be deemed “non-life threatening,” then further medical care shall be made under the direction of my physician (listed above) and with consent of my spouse.

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

**OFFICE USE ONLY**

Notes \_\_\_\_\_  
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