

VOLUNTEER APPLICATION



Application Date _____

PERSONAL INFO

Name _____

Mailing Address _____

Physical address (if P.O. Box) _____

Home Phone _____ Cell Phone _____

Email address _____

Would you prefer we use your home or cell phone when calling _____

DOB _____ Month/date/year

Emergency contact name _____ Phone number _____

Special training, skills, hobbies _____

List groups, clubs, organizational memberships in which you are affiliated _____

Please describe your prior volunteer experience (include organization names and dates of service)

List any medical conditions we should be aware of _____

Days of the week and hours you are available _____

How did you hear about this program? _____

Are you retired? No ___ Yes ___

Do you have a driver's license? No ___ Yes ___

Do you have car insurance? No ___ Yes ___

Do you have a car available for transporting others? No ___ Yes ___

Do we have your permission to conduct a background check? Yes ___ No ___

Sandpoint Area Seniors, Inc. agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND IT'S CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING OF MY OWN FREE WILL.

Printed Name: _____

Signature: _____

Date: _____

From the following list of current volunteer opportunities please mark all areas you are interested in and return this application to the Volunteer Coordinator, Director, or Administrative Assistant.

Volunteer Opportunities:

Baking pies, cookies, etc. for events _____

Collect donations for special events _____

Food service (ID Food Handlers card required) _____

Grant writing _____

Home delivered meal program drivers _____

Landscape/gardening _____

Newsletter and poster distribution _____

Office work _____

Sell raffle/other tickets _____

Serve as a SASi Board of Director _____

Teach a class _____

Transportation _____

Work at fundraisers _____

Moving heavy items _____

Other: (Please describe) _____

Signature _____

Date _____