

SCV Senior Center

SANTA CLARITA VALLEY COMMITTEE ON AGING

VOLUNTEER APPLICATION

NAME: _____ Date of Birth _____

ADDRESS: _____

PHONE: (home) ____-____-____ (work) ____-____-____ (cell) ____-____-____

EMAIL: _____

WHAT DAYS ARE YOU AVAILABLE: _____

DO YOU HAVE SPECIAL TALENTS, HOBBIES, ETC.: _____

FOREIGN LANGUAGES SPOKEN: _____

PLEASE LIST ANY PHYSICAL LIMITATIONS: _____

HAVE YOU HAD ANY PREVIOUS VOLUNTEER EXPERIENCE? WHERE? _____

HOW DID YOU LEARN ABOUT SENIOR CENTER VOLUNTEER OPPORTUNITIES? _____

Which volunteer opportunities do you prefer?

- | | |
|--|--|
| 1. <input type="checkbox"/> HOME-DELIVERED MEALS
(9:30 A.M.–12:30 P.M.) | 12. <input type="checkbox"/> TRIPS & TOURS OFFICE AND ESCORT
(10:00 A.M. – 1:00 P.M.) |
| 2. <input type="checkbox"/> PACKING ROOM
(6:00 A.M. – 10:30 A.M.) | 13. <input type="checkbox"/> ADULT DAYCARE ASSISTANT |
| 3. <input type="checkbox"/> DATA MANAGEMENT/CLERICAL /OFFICE/
HELP | 14. <input type="checkbox"/> TELEPHONE REASSURANCE |
| 4. <input type="checkbox"/> HOSTESS/GREETER | 15. <input type="checkbox"/> INSTRUCTOR |
| 5. <input type="checkbox"/> LUNCH CASHIER (10 A.M. – 1:00 P.M.) | 16. <input type="checkbox"/> MARKETING |
| 6. <input type="checkbox"/> LUNCH ROOM SERVER/KITCHEN CLEAN UP
(11:15 A.M. – 3:00 P.M.) | 17. <input type="checkbox"/> GRAPHICS |
| 7. <input type="checkbox"/> SILVERWARE WRAPPING
(2:00 P.M. – 4:00 P.M.) | 18. <input type="checkbox"/> CHEF ASSISTANT |
| 8. <input type="checkbox"/> ENTERTAINMENT (MUSICIAN, SINGER, ETC.) | 19. <input type="checkbox"/> VEHICLE CLEANER |
| 9. <input type="checkbox"/> SPECIAL EVENTS | 20. <input type="checkbox"/> TRANSPORTATION ASSISTANT |
| 10. <input type="checkbox"/> COUNTING LUNCH MONEY
(8:30 A.M. – 9:30 A.M.) | 21. <input type="checkbox"/> DRIVER FOR NEWSLETTER DISTRIBUTION |
| 11. <input type="checkbox"/> GARDENING | 22. <input type="checkbox"/> OTHER: _____ |

SCV Senior Center

SANTA CLARITA VALLEY COMMITTEE ON AGING

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP TO APPLICANT: _____

PHONE: (home) ____-____-____ (work) ____-____-____ (cell) ____-____-____

OATH OF CONFIDENTIALITY/CODE OF ETHICS

As a condition of volunteering at the Santa Clarita Valley Senior Center, I, _____ pursuant to Section 5328 (e) of the Welfare and Institutions Code agree not to divulge any information obtained in the course of volunteering to unauthorized persons, and not to publish or otherwise make public any information regarding persons who are receiving or have received services from the Santa Clarita Valley Senior Center. I further agree to keep confidential whatever I may learn respecting the illness, private affairs, character of clients, their families, physicians and others with whom I may further come in contact as a volunteer of the Santa Clarita Valley Senior Center. I further agree that I will not discriminate because of race, color, religion, age, gender, sexual orientation, or national ancestry. I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code.

RELEASE OF LIABILITY

In consideration of being permitted to enter the Santa Clarita Valley Senior Center (SCVSC) for any purpose, including, but not limited to observation, use of facilities or equipment, volunteering, or participation in any way, by my signature I agree not to sue the Santa Clarita Valley Committee on Aging (SCVCOA), its directors, officers, employees and agents (herein after releases); to indemnify and save and hold harmless the releases from any loss, liability, damage or cost they may incur due to my presence; and I assume full responsibility for and risk of bodily injury, death, or property damage. This release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by law.

Volunteer Signature

Date

Witness Signature

Date

Thank you for your interest in volunteering at the Santa Clarita Valley Senior Center!

The **Mission** of the Santa Clarita Valley Senior Center is to promote quality of life for seniors.

SCV Senior Center
22900 Market Street – Santa Clarita, CA 91321-3608
(661) 259-9444 ~ Fax (661) 255-5195