



Volunteer Application **Mizell Senior Center**

Contact Information: Please PRINT DATE _____

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

Interests and Abilities:

Please mark your preferences: ✓

Opportunities requiring a weekly commitment

_____ **Front Desk/Reception** Computer knowledge required.

Shifts are 8:00am-12:30pm & 12:30pm-5:00pm for the front desk.

_____ **Bingo** _____ **Cafe' 480/Lunch Service** _____ **Aunt Betty's**

Shifts are 10:30am-12:30pm

Other Opportunities

_____ **Music Host** _____ **Farmer's Market** _____ **Café 480/Food Preparation**

_____ **Activities Host** _____ **On-site Events/Check-in** _____ **Off-Site Events/Check-in**

_____ **Special Projects/Mailings** _____ **Flexible**

Available Shifts: (Our hours of business are Mon-Fri. 8:00am-5:00pm)

Please place an "X" next to the days/shifts you are available to volunteer

_____ Monday AM	_____ Monday PM
_____ Tuesday AM	_____ Tuesday PM
_____ Wednesday AM	_____ Wednesday PM
_____ Thursday AM	_____ Thursday PM
_____ Friday AM	_____ Friday PM

_____ **On-Call/Last Minute Tasks** _____ **Evening Events** _____ **Flexible/As Needed**

Skills or Qualifications:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

PLEASE PRINT-

Previous Volunteer Experience:

Summarize your previous volunteer experience.

PLEASE PRINT-

Person to Notify in Case of Emergency: Please PRINT

Name	
Street Address	
City, State Zip Code	
Home Phone	
Cell Phone	

Do you have any known allergies? _____

Do you have any medical conditions that emergency personnel should be aware of?

Are you a member of the Mizell Senior Center? _____ **YES** _____ **NO**
Are you a full time resident? _____ **YES** _____ **NO**
I'm seasonal from: _____ **TO** _____

Volunteer Confidentiality Agreement

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of The Mizell Senior Center. This includes all activity associated with Mizell and all off site locations. All data, materials, knowledge and information generated through, originating from, or having to do with Mizell or persons associated with our activities is to be considered confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages(received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of Mizell .This also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. Client information, including all file information, is not be disclosed to any third party, under any circumstances. In addition, any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional may impact your volunteer assignment.

My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.

Signature of Volunteer _____ Date _____

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may impact my volunteer assignment.

Name (printed)	
Signature	
Date	

Volunteer Date of Birth _____

**Thank you for completing this application form and for your interest in
volunteering with us.**

