

Volunteer Application 2024

Our volunteers are invaluable. Like us, they are dedicated to helping our senior citizens age successfully.

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PLEASE NOTE: All sections marked with * are required; you may mark sections not applicable to you with N/A.
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VOLUNTEER INFORMATION

Today's Date: ___/___/___

First Name:* _____ Last Name:* _____ Middle Initial: _____

Phone:* (____) _____ Email:* _____

Home Address:* _____

City:* _____ State:* _____ Zip:* _____

Employer: _____

My employer matches volunteer hours Yes No I'd like to volunteer for school credit Yes No

Birthdate:* ___/___/___ *Note: Birthdate is required for our annual background check process. If you are 55 or older, you are eligible for enrollment in RSVP (Retired and Senior Volunteer Program) and will be contacted with more information on how to become a member. Also, if you are under 18, your parent or guardian may need to sign an Underage Volunteer Waiver.*

VOLUNTEER POSITION INTEREST

Are you applying to a specific program or position?* _____

What kind of volunteer activities are you interested in? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Administrative and program support, e.g., data entry | <input type="checkbox"/> Community outreach |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Daily programming, e.g. bingo | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Teaching _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Saleroom/phones | _____ |
| <input type="checkbox"/> Front desk | _____ |
| <input type="checkbox"/> Special events | |

Have you volunteered at the McMinn Senior Activity Center before? If yes, please list your volunteer role(s): _____

Do you have relative(s) and or friend(s) employed or are Members of the McMinn Senior Activity Center? If yes, please specify:

Name: _____ Job Title: _____ Relationship: _____

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Why would you like to volunteer with the McMinn Senior Activity Center? What are some skills or experience that you would like to contribute and/or gain?

The McMinn Senior Activity Center's main effort is to help senior citizens age successfully through physical, social, and mental support programs. Please describe your experience and interest in working with senior citizens:

How did you learn about volunteering at the McMinn Senior Activity Center?

- Friend/relative Facebook McMinn Senior Activity Center website Other: _____
- SCSEP (Senior Community Service Employment Program)
- McMinn Senior Activity Center employee/Member: (please specify): _____
- News outlet (please specify): _____
- Event (please specify): _____
- Other (please specify): _____

EMERGENCY CONTACT

First Name:* _____ Last Name:* _____
Phone:* () _____ Relationship:* _____

REFERENCES

We contact references for all volunteer positions that work with seniors/vulnerable adults. Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable. Two references are required.

First Name:* _____ Last Name:* _____
Phone:* () _____ Email:* _____ Relationship:* _____

First Name:* _____ Last Name:* _____
Phone:* () _____ Email:* _____ Relationship:* _____

First Name: _____ Last Name: _____
Phone: () _____ Email: _____ Relationship: _____

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AUTHORIZATION*

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with the McMinn Senior Activity Center.

_____(Initial) **Authorization***

CONFIDENTIALITY AGREEMENT*

In signing this agreement, I acknowledge that I have read and understand the McMinn Senior Activity Center confidentiality policies. I understand and agree that in the performance of my duties as an employee or volunteer of the McMinn Senior Activity Center, I must hold certain information regarding Members, employees, and volunteers in the strictest confidence.

_____(Initial) **Confidentiality Agreement***

LIABILITY RELEASE*

I hereby release, indemnify, and hold harmless the McMinn Senior Activity Center, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all McMinn Senior Activity Center activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with the McMinn Senior Activity Center.

_____(Initial) **Liability Release***

MEDIA RELEASE (optional)

In initialing and signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with the McMinn Senior Activity Center. I understand that the McMinn Senior Activity Center will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in McMinn Senior Activity Center materials such as printed publications, the McMinn Senior Activity Center website (www.mcminnenirs.com), videos, social media, grant proposals, and promotional materials to support the McMinn Senior Activity Center and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the McMinn Senior Activity Center Executive Director at director@mcminnseniors.com or 423-745-6830. Once requested, the McMinn Senior Activity Center will not create new materials using participants' media – but we may continue to use already printed materials until we can make replacements.

_____(Initial) **Media Release**

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Volunteer Signature:* _____ **Date:** ____/____/____

Please note: If you are under 18, your parent or guardian may also need to sign an Underage Volunteer Waiver.

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OPTIONAL: Supplemental Data Questions

The following questions help the McMinn Senior Activity Center track various demographic data; this information will not be used for screening and placement nor will it be shared or sold to any other organization or business.

Are you a veteran? Yes No **Are you living with a disability?** Yes No

Ethnic/Racial Background

If you are a person with a multi-racial or multi-cultural background, please check all appropriate boxes.

- | | |
|---|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Other/please specify _____ | |

Background Check Authorization*

I authorize the McMinn Senior Activity Center to conduct a complete criminal history check as a basis of my placement as a volunteer with the organization. I understand that I am to report any changes in my criminal history to the McMinn Senior Activity Center.

Volunteer Signature:* _____ **Date:** ____/____/____

First Name:* _____ **Last Name:*** _____ **Middle Initial:** _____

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Please submit your completed application and return to the McMinn Senior Activity Center by email or mail:

director@mcminneniors.com | PH: 423-745-6830 | Mail: PO Box 1005 | Athens, TN 37371
205 McMinn Avenue | Athens, TN 37303
www.mcminnseniors.com