



# Saline Area Senior Center Volunteer Application

7190 N. Maple Road | Saline, MI 48176  
734.429.9274

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**Please complete the entire application (both sides in legible printing).  
Incomplete and / or unsigned applications will not be processed.**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M) \_\_\_\_\_

Name previously used: \_\_\_\_\_ Are you under 18 years of age? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Volunteer Position Preference:** (see choices from attached volunteer opportunities)

Days Available (check all that apply):  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Number of hours per week: \_\_\_\_\_ Dates available: \_\_\_\_\_

Times available: \_\_\_\_\_ Are you a new volunteer: \_\_\_ Yes \_\_\_ No

If no, what have you previously volunteered for: \_\_\_\_\_

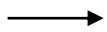
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How did you hear about the opportunity to volunteer? \_\_\_\_\_

Why would you like to volunteer? \_\_\_\_\_

Describe any special skills or other volunteer experiences you may have: \_\_\_\_\_



**References:** those you have known at least one year (no family members please)

Name	Address	Telephone	How they know you:

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**Volunteer Waiver:**

- I certify that the information in this application is true and complete. I release any person(s) or company(ies) named on this application to provide information regarding me and I release them from all liability in doing so.
- I agree and consent to serve as a Volunteer with Saline Area Senior Center and further agree that I am not to be regarded as an employee of Saline Area Senior Center.
- I understand that I cannot distribute political campaign materials while actively serving as a Volunteer for Saline Area Senior Center during programs.
- I understand that I cannot sell goods and services for personal gain or work on behalf of my employer/business while actively serving as a Volunteer for Saline Area Senior Center during programs/events.

Signing below indicates that you agree to all items in the application and you will uphold the Saline Area Senior Center policies and regulations.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**  
(if under 18 years of age)

**Office Use Only:**

Date Reviewed: \_\_\_\_\_ Approved ( ) Denied ( ) By: \_\_\_\_\_

Date Background Check Submitted: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

E-mail Database: \_\_\_\_\_