**Saline Area Senior Center**

**Volunteer Application**

7190 N. Maple Road l Saline, MI 48176

 734.429.9274

**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:

**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:

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Address** | **Telephone**  | **How they know you:** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

**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)

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| --- |
| **Office Use Only:** |
| Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved ( ) Denied ( ) By: \_\_\_\_\_\_\_\_\_\_ Date Background Check Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Database: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |