



Saline Area Senior Center Volunteer Application

7190 N. Maple Road | 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: _____

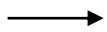
Times available: _____ Are you a new volunteer: ___ Yes ___ No

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: _____



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)

Office Use Only:

Date Reviewed: _____ Approved () Denied () By: _____

Date Background Check Submitted: _____ Date Approved/Denied: _____

E-mail Database: _____