

L.E. Phillips Senior Center Volunteer Application Form

To Applicant: We appreciate your interest in our Lend-A-Hand volunteer program. After completing the application, please contact the volunteer coordinator at 839-4909 to set up an appointment for an orientation. Thank you!

Date: _____

First Name: _____ M.I. _____ Last: _____

Preferred on Nametag (if different than above): _____

Address: _____ Birthday: _____

City, State, Zip: _____

Phone Number: Home: () _____ - _____

Other: () _____ - _____

E-mail Address: _____

List the days and times you are available to volunteer (our hours are M-F 8-4:30) _____

What area(s) are you interested in volunteering in? _____

How often are you willing to volunteer? (*check one*)

More than once a week

Once a week

Once a month

Other. (*Please explain*): _____

As a volunteer working at the L.E. Phillips Senior Center, I understand that this is a volunteer position that entitles me to no pay or wages from the Center for my services. I have received a volunteer orientation and agree to the rules and guidelines stated/outlined. I understand that the information on this form will be added to the L.E. Phillips volunteer database and that I may be contacted to volunteer in the areas specified. I understand that a background check may be performed and that information obtained will be held confidential. I understand that either the Center or I can end this volunteer agreement without notice at anytime.

Volunteer signature: _____ Date: _____

Volunteer Coordinator signature: _____ Date: _____