



MADISON SENIOR CENTER Volunteer Application

Name: _____ Date: _____

Home Address: _____

City: _____ Zip: _____

Home/Cell Phone(s): _____ Work Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Birthdate: _____ / _____ / _____ E-mail: _____
month / day / year

Ethnicity: American Indian or Alaskan Native Asian or Pacific Islander
 Black or African American Hispanic or Latino
 Other _____ White

Education: High School Some College/Tech. Training
 BA, BS MA/MS Degree: _____
 M.D. Ph.D.

Employment Status: Retired Employed Part-time Employed Full-time Student

Work Experiences/Occupation(s): _____
(Attach resume if appropriate)

Clubs or Organizational Affiliations: _____

Previous Volunteer Experience: _____

Background Skills, Talents or Training - (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> advocacy | <input type="checkbox"/> performer: dance/theatre/music |
| <input type="checkbox"/> food service/meal prep. | <input type="checkbox"/> literature/poetry |
| <input type="checkbox"/> foreign language: _____ | <input type="checkbox"/> office skills |
| <input type="checkbox"/> fundraising | <input type="checkbox"/> gardening |
| <input type="checkbox"/> graphic design | <input type="checkbox"/> public speaking |
| <input type="checkbox"/> handyman | <input type="checkbox"/> public relations/advertising |
| <input type="checkbox"/> health service: RN, PT, MD, _____ | <input type="checkbox"/> reception/visitor services/hospitality |
| <input type="checkbox"/> instructor of _____ | <input type="checkbox"/> writing/editing |
| <input type="checkbox"/> leadership/supervision/management | <input type="checkbox"/> visual arts |
| <input type="checkbox"/> science | <input type="checkbox"/> sales/purchasing |

Areas of Interest in Volunteering - (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> advocacy | <input type="checkbox"/> Board of Directors/committees |
| <input type="checkbox"/> instruction/teaching | <input type="checkbox"/> computer support/skills |
| <input type="checkbox"/> discussion/program leader | <input type="checkbox"/> foot clinic assistant |
| <input type="checkbox"/> front desk | <input type="checkbox"/> games |
| <input type="checkbox"/> gardening | <input type="checkbox"/> refreshment host/ess |
| <input type="checkbox"/> mailings/clerical/office | <input type="checkbox"/> nutrition site/food service |
| <input type="checkbox"/> performer: dance, theatre, music | <input type="checkbox"/> photographer |
| <input type="checkbox"/> public relations/advertising | <input type="checkbox"/> registration/check-in |
| <input type="checkbox"/> SHARE co-op food pgm | <input type="checkbox"/> special events |
| <input type="checkbox"/> Speakers Bureau | <input type="checkbox"/> team leader/consultant |
| <input type="checkbox"/> thrift sale work | <input type="checkbox"/> writing/editing |
| <input type="checkbox"/> Intergenerational: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Globe Talkers | <input type="checkbox"/> Computer Buddy |
| <input type="checkbox"/> student mentor | <input type="checkbox"/> literacy tutor |
| <input type="checkbox"/> storytellers/Memory Makers | |
| <input type="checkbox"/> Sr. Partner | <input type="checkbox"/> preschool crafts |
| <input type="checkbox"/> Project work | |

Current Availability

Weekdays Weekends Flexible _____ (specific days)

Best Times: _____ (a.m., aft., p.m.)

Expected level of service: weekly monthly occasional

Are you meeting a requirement for services hours? yes no

If yes, how many hours and by what date? _____ hrs. by _____

Some volunteer opportunities may require a minimum of six months of commitment.

Two References: Circle work or personal reference.

Name _____ (Personal/Work) Phone Number _____

Name _____ (Personal/Work) Phone Number _____

What physical/medical limitations should be considered when arranging volunteer assignments?

How did you learn of the Madison Senior Center Volunteer Program?

Friend Newsletter Newspaper Radio Volunteer Your Time Website

Other _____

Volunteer Release Form

Liability Waiver:

I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the City of Madison, its Board and Commission and their officers, agents and employees from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during volunteer service.

Confidentiality:

I understand that volunteers are responsible for maintaining the confidentiality of all privileged information to which they may be exposed while serving as a volunteer. This information may include personal information about staff, participants and other volunteers or overall agency business.

Signature of Volunteer

Date

Signature of Parent/Guardian (if volunteer is under 18)

Photos of volunteers and participants are taken periodically and used in promotional publications. You may absent yourself from these by notifying the photographer that you do not wish to be photographed.

Return form to:

Rick Orton, Volunteer Coordinator
Madison Senior Center
330 W. Mifflin Street
Madison, WI 53703

E-mail: rorton@cityofmadison.com
Or call for an appointment at (608) 267-2344