



Pasadena Senior Center

Date: _____

Volunteer Application

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact & Relationship: _____

Phone: _____ Cell Phone: _____

Please indicate what languages you speak: _____

Please indicate your professional skills, hobbies, talents and areas of special interest:

Please indicate what area(s) of the Center you would like to volunteer: _____

Current / Previous Volunteer Experience:

Organization(s): _____

Education

Previous Employment:

Current: _____

Past: _____

Availability:

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
8:30 – 12:30							
12:30 – 4:30							

Signature of Volunteer Applicant

For Office Use Only:

Referred To: _____ Department: _____ Date: _____

Placed Not Placed No Show Quit On Call - Available _____

Hours Completed _____ Comments: _____

Applicant's Agreement

In signing this application, I understand and agree to the following:

I authorize the Pasadena Senior Center to seek emergency medical treatment in case of accident, injury or illness.

I agree to abide by the policies and procedures presented to me at the volunteer orientation and training meetings and in the Volunteer Handbook.

I will take ideas, constructive comments, suggestions and criticism directly to the Volunteer Coordinator and Team Captain in whose department I am volunteering and agree to be supervised by them.

If communication problems develop between employees and myself as a volunteer I will report these to the Volunteer Coordinator as soon as possible.

I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by California State Workers' Compensation Law.

Signature

Date