



Pasadena Senior Center

Date: _____

Volunteer Application – Under 18

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 skills, hobbies, talents and areas of special interest:

Current / Previous Volunteer Experience:

Organization(s): _____

Are you a student? Yes No

If Yes, please indicate name of school: _____

Employment:

Current: _____

Past: _____

Availability:

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
8:30 – 12:30							
12:30 – 4:30							
4:30 – 7:00							

Signature of Volunteer Applicant

Parent/Guardian Signature

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

I will take ideas, constructive comments, suggestions and criticism directly to the PSC Director in whose department I am volunteering ("Manager") and agree to be supervised by that Manager.

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

Please return this form to:

Date: _____

Permission for Emergency Medical Treatment

I hereby give permission to the Pasadena Senior Center to seek emergency medical treatment for _____ in case of accident, injury or illness. I understand that every effort will be made to contact me, or a person listed below on my behalf, before taking this action.

We understand the risks present in volunteer duties and freely assume those risks and agree to release the Pasadena Senior Center, its officers, agents and employees from and against all claims for injury, loss or danger to the undersigned as a result of such volunteer duties.

Parent or Guardian

Volunteer

Date of last tetanus shot: _____

In case of emergency, please call:

Parent or Guardian:

Name

Work Phone

Cell Phone

Home Phone

Alternative Contact:

Name & Relationship

Work Phone

Cell Phone

Home Phone