

SENIOR ACTIVITY CENTER Volunteer Application

Name _____ Date _____

Home Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Birth day _____ / _____ / _____ 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 MA/MS M.D. Ph.D. Major: _____

Previous Work Experiences _____

Clubs or Organizational Affiliations _____

Previous Volunteer Experience _____

Skills or Training

- | | |
|---|--|
| <input type="checkbox"/> Keyboarding/Word Processing
<input type="checkbox"/> Computer Knowledge
<input type="checkbox"/> Gardening
<input type="checkbox"/> Sales Experience
<input type="checkbox"/> Performer: _____
<input type="checkbox"/> Arts/Crafts
<input type="checkbox"/> Other Language(s) _____ | <input type="checkbox"/> Food Service/Meal Prep.
<input type="checkbox"/> Health Service: RN, PT, OT, Aide
<input type="checkbox"/> Photography
<input type="checkbox"/> Public Relations/Television
<input type="checkbox"/> Reception/Greeter/Visitor Services
<input type="checkbox"/> Supervisory/Experience Leadership
<input type="checkbox"/> Other _____ |
|---|--|

Areas of Interest

- | | |
|--|--|
| <input type="checkbox"/> Team Leader
<input type="checkbox"/> Discussion/Program Leader
<input type="checkbox"/> Class Instruction
<input type="checkbox"/> Board of Directors/Committees
<input type="checkbox"/> Computer Support
<input type="checkbox"/> Special Events and Activities
<input type="checkbox"/> Nutrition Site (weekday a.m.)
<input type="checkbox"/> Refreshment Host
<input type="checkbox"/> Decorations (on ladder)
<input type="checkbox"/> Wherever needed | <input type="checkbox"/> Front Desk
<input type="checkbox"/> Registration/Check-In
<input type="checkbox"/> Word Processing: Flyers, Lists
<input type="checkbox"/> Mailings/Clerical
<input type="checkbox"/> SHARE Program
<input type="checkbox"/> Foot Clinic
<input type="checkbox"/> Gardening
<input type="checkbox"/> Intergenerational
<input type="checkbox"/> Computer Buddy Program
<input type="checkbox"/> Student Mentor
<input type="checkbox"/> Other _____ |
|--|--|

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 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 Senior Activity Center Volunteer Program?

Friend Newsletter Newspaper Radio 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 Nashua, 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)

Return form to:
Margaret Bell, Volunteer Coordinator
Senior Activity Center
70 Temple Street
Nashua, NH 03060

E-mail: mbell@nashua-senior-center.org
Or call for an appointment at (603) 889-6155