

Volunteer Application

dba Silverton Senior Center
 503-873-3093

PERSONAL INFORMATION

Please print legibly

Name		Cell #	
Mailing address		Home phone	
Home address <i>(If different)</i>		City	
Email address		Zip	

Physical limitations:

ADA accessibility needs:

INTERESTS, SKILLS, EXPERIENCE, CERTIFICATIONS

Mark X in front of all you are able to do and/or willing to do

<input type="checkbox"/>	Answer phone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Speak Spanish	<input type="checkbox"/>	First aid certification
<input type="checkbox"/>	Collect and log class fees	<input type="checkbox"/>	Text	<input type="checkbox"/>	Speak Russian	<input type="checkbox"/>	CPR certification
<input type="checkbox"/>	Enroll members	<input type="checkbox"/>	Post on Facebook	<input type="checkbox"/>	Speak <small>other language</small>	<input type="checkbox"/>	AED certification
<input type="checkbox"/>	Count money	<input type="checkbox"/>	Data entry	<input type="checkbox"/>	Small flyer design (Word)	<input type="checkbox"/>	Food handler permit
<input type="checkbox"/>	File documents	<input type="checkbox"/>	Data collection	<input type="checkbox"/>	Writing/editing	<input type="checkbox"/>	OLCC server permit
<input type="checkbox"/>	Stuff envelopes	<input type="checkbox"/>	Maintain spreadsheets	<input type="checkbox"/>	Photograph events/people	<input type="checkbox"/>	CDL driver permit
<input type="checkbox"/>	Event setup/teardown	<input type="checkbox"/>	Plan events	<input type="checkbox"/>	Booth staffing	<input type="checkbox"/>	Passenger endorsement
<input type="checkbox"/>	Event staffing	<input type="checkbox"/>	Committee work	<input type="checkbox"/>	Public speaking	<input type="checkbox"/>	Have a truck/pickup
<input type="checkbox"/>	Pick up/deliver items	<input type="checkbox"/>	Outbound phone calls	<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Have access to a trailer

CLASSES I WOULD BE WILLING TO TEACH

Describe:

PREVIOUS VOLUNTEER EXPERIENCES

Describe:

YES! I would like to volunteer for Silverton Area Seniors, Inc. I would prefer to volunteer as follows: *(Check all that apply.)*

- On a regular schedule
 Once a week
 Twice or more a week
 Once a month
 Give me a specific job
 Call me when you need help
 Best days: M Tu W Th Fr Sa Su
 AM PM
(Circle) (Circle)

I understand and accept the risks involved in volunteering and hereby release Silverton Area Seniors Inc. and all of its employees, elected representatives, and agents from liability, loss, claims or damages whatsoever arising from my participation.

Authorized signature: _____ Date: _____

Return to Silverton Senior Center, 115 Westfield Street, Silverton OR 97381
 Or email to dodie@silvertonseniorcenter.org