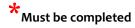


Date:	
☐ Vol Interest ☐ Agreement	

Volunteer Pursuits & Agreement

(Please check one) *NAME	☐ Mr.	□Mrs. □M	s. 🗖 Miss	□Dr.	Other_		
First Name	Nickname (if preferred)		MI	MI		Last Name	
*ADDRESS							
Street							
City		State	·		Zip		
*Home Phone (hone ()						
*Email							
*Birth Date (Mo/D							
Are you interested i				unity?	Center	☐ Community	
Volunteer Position:							
Do you currently or	have in th	ne past volunteere	d at the Cente	r or in the	Community?	□Yes □No	
If yes, where?							
If you have any hea	lth limitati	ons or disabilities,	what accomm	odations	do you need	to work in a	
volunteer position?							
What attracted you	to this vo	lunteer position?					
Where did you lear	n about th	nis volunteer posit	cion?				
□ Newsletter □ □ Referral from and □ Center employee	other men	nber, member's na	ame:			☐ Media/TV-radio	
What skills, training, e	expertise o	r knowledge do you	ı wish to utilize v	while volur	teering at the	Center?:	
The C	Lenter welco	mes everyone regardle	ess of race, color, r	eligion, genc	ler, sexual orient	ration,	

The Center welcomes everyone regardless of race, color, religion, gender, sexual orientation, gender identity, national origin, age, physical or mental disability, or any other basis prohibited by law.



OVFR

Volunteer Agreement continu	
Do you have a valid Virginia D	river's License?
Have you been convicted of a	ny law violations ?
If yes, explain	
Present employment status:	☐Full-time ☐Part-time ☐Not working ☐Retired
Present or Former Occupation	n/Career:
Volunteer opportunities to co	onsider if you didn't provide a position title on the 1st page (check as many as apply)
☐Administrative support	Bingo group Building & Grounds (lawn, grounds, building upkeep, rose garden)
☐ Monthly Luncheon	☐ Cafe attendant ☐ Crafty Ladies (knit/crochet items for community projects)
☐Front Desk	□Lobby Ambassador □Photographer □Seamstress □Yard Sales
Sew & Sews! (make medical d	olls for children @ UVA hospital, foster bags, bibs, etc.)
Program Leader (volunteer to	o run a program—provide subject and lead weekly, monthly, etc.)
Special Events (luncheon, tick	ets, programs, dances, concerts, etc.) Gratitude Brigade (sponsor thank you notes, phone calls)
☐Volunteer in the communit	y (mentoring, Heart Walk, United Way Day of Caring, Alzheimer's walk, Meals on Wheels, literacy, etc.)
When available: • Monday	□Tuesday □Wednesday □Thursday □Friday
Times available to voluntee	(Center CLOSED Saturday) Sunday
*EMERGENCY INFORMATIO	N .
- ·	Relation
Home Phone ()	Cell Phone ()
Email Address:	
compensation for the work I do, I 2) I understand that I am responsit any issues, problems, or concerns 3) I will be open-minded in my volu an obligation to my supervisor, to of the organization while doing my 4) I understand that information I staff. This includes, but is not limi donations, scholarship status, and 5) I understand that if I am in viola the Coordinator of Volunteer Resc 6) I understand my position and an 7) FOR AND IN CONSIDERATION C covenant to hold harmless the Cer from any and all claims or causes of participation in any Center program	If have agreed to work without monetary compensation. Although I am not receiving monetary will do my work according to the high standards of The Center. ole & accountable for the work that I do. I agree to communicate openly with my supervisor and take to him/her or to the Coordinator of Volunteer Resources who serves as the volunteer advocate. Inteer work and have a willingness to be trained and guided by my supervisor. I believe that I have my fellow volunteers, and to the membership of the Center to do my part in promoting the mission y volunteer work. receive is confidential and I agree not to disclose this information to anyone other than Center ted to, health issues, mailing addresses, email addresses, phone numbers, birth dates, monetary I the processes and methods I am taught, etc. tion of this Volunteer Agreement, I will be subject to release at the discretion of my supervisor and burces, with the approval of the Executive Director. In aware of any potential risks and benefits associated with it. For my participation in the Center volunteer program, programs and activities, I forever release and after and their officials, officers, employees, independent contractors, representatives and agents of action for injuries, costs or other damages, which I may hereafter have as a result of my m or activity. I expressly agree that this Release and Waiver is as broad and inclusive as permitted by Virginia and that if any portion is invalid, I agree that the balance shall continue in full force and legal
*Signature	Date