



Date: _____
 Vol Interest Agreement

Find your Center

Volunteer Pursuits & Agreement

(Please check one) Mr. Mrs. Ms. Miss Dr. Other _____

*** NAME**

First Name Nickname (if preferred) MI Last Name

*** ADDRESS**

Street

City State Zip

*** Home** Phone (_____) _____ *** Cell** Phone (_____) _____

*** Email** _____

*** Birth Date** (Mo/Day/Yr) _____

Are you interested in a position at The Center or in the Community? Center Community

Volunteer Position: _____

Do you currently or have in the past volunteered at the Center or in the Community? Yes No

If yes, where? _____

If you have any health limitations or disabilities, what accommodations do you need to work in a volunteer position? _____

What attracted you to this volunteer position? _____

Where did you learn about this volunteer position?

- Newsletter Volunteer bulletin board Website Broadcast email Media/TV-radio
- Referral from another member, member's name: _____
- Center employee, name: _____

What skills, training, expertise or knowledge do you wish to utilize while volunteering at the Center?:

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.

*** Must be completed**

PLEASE CONTINUE ON BACK

OVER

Volunteer Agreement continued...



Do you have a valid Virginia Driver's License? Yes No

Have you been convicted of any law violations? Yes No

If yes, explain. _____

Present employment status: Full-time Part-time Not working Retired

Present or Former Occupation/Career: _____

Volunteer opportunities to consider 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 dolls for children @ UVA hospital, foster bags, bibs, etc.) Outreach (member calls, festivals, etc.)
- Program Leader (volunteer to run a program—provide subject and lead weekly, monthly, etc.)
- Special Events (luncheon, tickets, programs, dances, concerts, etc.) Gratitude Brigade (sponsor thank you notes, phone calls)
- Volunteer in the community (mentoring, Heart Walk, United Way Day of Caring, Alzheimer's walk, Meals on Wheels, literacy, etc.)

When available: Monday Tuesday Wednesday Thursday Friday
 (Center CLOSED Saturday) Sunday

Times available to volunteer: Morning 830 am—12 pm Afternoon 12 pm-430 pm Evening 430 pm-830pm

***EMERGENCY INFORMATION**

Emergency Contact _____ Relation _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address: _____

Agreement & Waiver

- 1) As a volunteer, I understand and have agreed to work without monetary compensation. Although I am not receiving monetary compensation for the work I do, I will do my work according to the high standards of The Center.
- 2) I understand that I am responsible & accountable for the work that I do. I agree to communicate openly with my supervisor and take any issues, problems, or concerns to him/her or to the Coordinator of Volunteer Resources who serves as the volunteer advocate.
- 3) I will be open-minded in my volunteer work and have a willingness to be trained and guided by my supervisor. I believe that I have an obligation to my supervisor, to my fellow volunteers, and to the membership of the Center to do my part in promoting the mission of the organization while doing my volunteer work.
- 4) **I understand that information I receive is confidential and I agree not to disclose this information to anyone other than Center staff. This includes, but is not limited to, health issues, mailing addresses, email addresses, phone numbers, birth dates, monetary donations, scholarship status, and the processes and methods I am taught, etc.**
- 5) I understand that if I am in violation of this Volunteer Agreement, I will be subject to release at the discretion of my supervisor and the Coordinator of Volunteer Resources, with the approval of the Executive Director.
- 6) I understand my position and am aware of any potential risks and benefits associated with it.
- 7) FOR AND IN CONSIDERATION OF my participation in the Center volunteer program, programs and activities, I forever release and covenant to hold harmless the Center and their officials, officers, employees, independent contractors, representatives and agents from any and all claims or causes of action for injuries, costs or other damages, which I may hereafter have as a result of my participation in any Center program or activity. I expressly agree that this Release and Waiver is as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that if any portion is invalid, I agree that the balance shall continue in full force and legal effect.

***Signature** _____ **Date** _____