



## Volunteer Registration

Name: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

City State Zip

Email: \_\_\_\_\_ Preferred contact method: E-mail Cell Home

Birthday: \_\_\_\_\_ Age: +60 \_\_\_\_\_ -60 \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone (day) \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Any physical considerations: \_\_\_\_\_

What times are you available? Preferred hours: \_\_\_\_\_ Days: \_\_\_\_\_

Regular Volunteer Group: \_\_\_\_\_

Do you wish to be called only through your regular group? Yes \_\_\_\_\_ No \_\_\_\_\_

Which volunteer opportunities interest you? Check (✓)interests:

( ) Kitchen help ( ) Deliver Meals (with own vehicle, requires proof of insurance)

( ) Receptionist ( ) Dining Room Hosts ( ) Registration ( ) Fold Newsletter

( ) Computer Teachers ( ) Provide Medical Rides ( ) Bingo

Other – please specify \_\_\_\_\_

**Confidentiality Statement:** I recognize, understand and respect the need and importance for a person's privacy. All information pertaining to any client I serve as a volunteer will be kept confidential.

**Insurance Statement:** As a volunteer I understand I am not an employee and in case of injury will not be covered by Workers Compensation insurance or any other Canby Adult Center insurance policy.

Volunteer Signature: \_\_\_\_\_