



**Senior Center**  
*of Waumakee*  
**Volunteer Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Education:  High School  Some College/Tech. Training  
 College Degree – Degree is in \_\_\_\_\_

Employment Status:  Retired  Employed Part-time  Employed Full-time  
 Student

Work Experiences/Occupation(s): \_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

**Availability**

Days of the week you are available: \_\_\_\_\_

Best time of day to volunteer: \_\_\_\_\_

For office staff use:  
RSVP Member # \_\_\_\_\_

Do you prefer volunteering:  weekly  monthly  occasional

Would you consider volunteering to chair an event? \_\_\_\_\_

**Areas of Interest in Volunteering - (circle all that apply)**

- |                               |                                 |
|-------------------------------|---------------------------------|
| Advocacy                      | Literature/Book Club            |
| Board of Directors/Committees | Mailings/Clerical/Office Assist |
| Computer Support/Skills       | Meals on Wheels Driver          |
| Escort Driver                 | Nutrition Site/Food Service     |
| Foot Care Clinic Assistant    | Performer: Sing, Dance, Theatre |
| Fundraising                   | Photographer                    |
| Gardening                     | Public Relations/Advertising    |
| Handyman/Yard Chores          | Reception Desk                  |
| Health Services               | Special Events                  |
| Instruction/Teaching of _____ | Special Projects                |
| Intergenerational Activities  | Writing/Editing                 |

**References: List two and circle personal or work reference.**

Name: \_\_\_\_\_ (Personal/Work)  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ (Personal/Work)  
Phone Number: \_\_\_\_\_

What physical/medical limitations should be considered when arranging volunteer assignments?

\_\_\_\_\_

For office staff use:  
RSVP Member # \_\_\_\_\_

**Volunteer Release Form**

<p><b>Liability Waiver:</b>          I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I shall indemnify and hold harmless the Village of Waunakee its Board 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.</p>		
<p><b>Background Check</b>          I understand that a background screen will be conducted through a background reporting agency.</p>		
<p><b>Confidentiality:</b>          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.</p>		
Signature of Volunteer		Date
Signature of Parent/Guardian (if volunteer is under 18)		

Photos of volunteers and participants are taken periodically and used in promotional publications. You may absent yourself from these by notifying the photographer that you do not wish to be photographed.

Return form to:  
 Waunakee Area Senior Center  
 333 South Madison Street  
 Waunakee, WI 53597  
 608-849-8385

Start date of volunteer service at the Waunakee Area Senior Center: \_\_\_\_\_

In what capacity? \_\_\_\_\_

For office staff use:  
 RSVP Member # \_\_\_\_\_