

SWEDEN CLARKSON COMMUNITY CENTER

Volunteer Application

Name: _____ Date: _____

Other Names (Maiden, alias, etc.): _____ Position: _____

Driver's License# _____ State: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

How long have you lived at this address? _____

Ever lived outside of NYS _____ If yes, when _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Schedule Preference:

Please circle dates you are able to volunteer: SAT SUN MON TUES WED THURS FRI

What times of the day are you able to volunteer: _____ to _____ and/or
_____ to _____

Please circle the building you are interested in volunteering: 4927 Lake Road Center

Background Information and References:

Please check the highest grade completed:

Some High School Some Post college Education High School Post college Degree

Specialized training or certification.

Please list training/ Certifications _____

Any additional on the job training or personal interests:

References:

Name: _____ Address: _____

Phone Number: _____

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Name: _____ Address: _____

Phone Number: _____

Name: _____ Address: _____

Phone Number: _____

Is your volunteer work to be used towards credit or fulfillment of a community service or school service requirement? (If yes, please tell us for what and how many hours you need)

General Information:

Have you ever been convicted of a felony _____

If yes, please explain:

Do you currently have any pending criminal charges against you? _____

If yes, please explain:

What is your reason for wanting to volunteer?

What interests you about volunteering with us?

What experience do you have working with children/seniors?

List any formal training you have received in first aid:

List any formal training you have received in teaching and/or caretaking:

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Volunteer Agreement Release

I, _____, agree to perform to the best of my abilities the volunteer activity outlined in this form below. I understand that as a volunteer, authorized by Sweden/Clarkson Recreation, there may be certain risks associated with this activity. Therefore, I hereby state and affirm that

- 1) To the best of my knowledge, I am physically and mentally fit to undertake the activity outlined herein. If at any time while I am engaging in the Activity it becomes reasonably apparent that I am no longer mentally or physically fit to continue engaging in the activity, I will immediately cease any and all activity.
- 2) In consideration for being permitted to take part in the activity of property of Sweden/Clarkson Recreation I do so hereby release, waive, discharge and covenant not to sue the Sweden/Clarkson Recreation Center, its officers, employees, and agents, regarding any harm or injury of any nature that I may incur as a result of participating in the activity, including, without limitations, for negligent actions or omissions. I understand that there may be both a foreseen and unforeseen risk associated with the activity and I assume all the risk associated. Therewith I do hereby indemnify and save and hold harmless, the Sweden/ Clarkson Recreation Department its officers, employees, and agents from any and all liability actions, causes of actions debts, claims and demands of every kind and nature whatsoever which may arise during the course or as a result of my participation in the activity.
- 3) By way of this form, I authorize Sweden/Clarkson Recreation Department staff to assist me by administering basic first aid or appropriate emergency medical treatment for me in an event of an accident, injury, or illness as the circumstances warrants.
- 4) Unless I indicate otherwise in writing herein, I hereby give my consent for photographs, videotapes, or audiotapes to be taken of me during the course of the activity for the use by the Sweden/Clarkson Recreation Department for publicity purposes. My first name is the only personal information about me that may be released by the Sweden/Clarkson Recreation Department in the use of the above-mentioned media.
- 5) I agree to the terms of this agreement shall be binding on my heirs, executor, administrator and all members of my family.
- 6) By signing this agreement, I am certifying that I have read and understand the safety guidelines contained in the training manual as well as the rules and regulations of Sweden/ Clarkson Recreation and hereby agree to comply with their professions. I am also indicating my agreement to all the terms and conditions contained herein.

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7) I understand that I may be subject to falls, slips, cuts and bruises and may be at risk of additional risk for this particular activity.

I agree to accept the following volunteer assignment:

Program Event/Volunteer Duties: _____

Location and Supervisors Name: _____

Days: SAT SUN MON TUES WED THURS FRI

Hours: _____ to _____

Beginning Date: ____/____/____ Length of Commitment _____

Volunteer Name (print): _____

Volunteer Signature: _____ Date: _____

Parent/ Guardian Signature (If under age 18): _____ Date: _____

Building Supervisor Signature: _____ Date: _____

Sweden Clarkson Recreation
4927 lake Road
Brockport, NY 14420
585-431-0090

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