

Volunteer Form - Ballard NW Senior Center

5429-32nd Ave. NW, Seattle, WA 98107 (206) 297-0403

www.ballardseniorcenter.org



Where Friends Meet Friends

CONTACT INFORMATION:

First Name & Last Name: _____ DOB: ____/____/____

Mailing Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Phone: _____ Home / Mobile _____ Email Address: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Please attach a list of any allergy, medical, medication, or health concerns should we know about.

VOLUNTEERING

How did you learn about the Center?

Newsletter ___ Website ___ Internet ___ Flyer ___ Word of Mouth ___ Other _____

Why do you want to volunteer?

Regular Volunteer Position _____ What position(s)? _____

Event Volunteer Position _____ What event(s)? _____

High School Volunteer Hours _____ How many hours? Due by? _____

Name of School: _____

College Volunteer Hours _____ How many hours? Due by? _____

Name of School: _____

Community Service Hours _____ How many hours? Due by? _____

Reason for Service Hours? _____

Past volunteer activities? _____

Present volunteer activities? _____

What are your current interest or hobbies? _____

Work experience? _____

Professional Licenses / Certifications? _____

Additional skills? _____

May we include you in Class / Group / Event / Party photos? YES ___ NO ___

Photos including attendees, volunteers, staff, etc. may be posted in our website gallery, online PR, and in printed advertising to showcase the programs and events of the Ballard NW Senior Center.

What race do you identify with?

Asian ___ Black ___ Hispanic ___ Native American ___ White ___ Other _____

Are you a Veteran? YES ___ NO ___

Do you consider yourself to be a person with a disability? YES ___ NO ___

Do you consider your income level: Low ___ Moderate ___ Above Moderate ___

Release: In consideration for being permitted to attend, observe, participate and engage in the activities and functions sponsored or co-sponsored by the Ballard NW Senior Center and/or Senior Services of Seattle King County, I release, relinquish and waive any and all claims, demands, causes of action, liabilities and obligations, of any nature or kind, for personal injury, death or property damage which I may now or in the future have against the Ballard NW Senior Center and/or Senior Services of Seattle King County, and their respective directors, officers, employees, agents, independent contractors and representatives, which arise out of or are related or incident to my attendance, observation, participation or engagement at any activities or functions sponsored or co-sponsored by Ballard NW Senior Center and/or Senior Services of Seattle King County.

Signature: _____ Date: _____