Chugiak-Eagle River Senior Center

Volunteer Application

Name: _____   Birth date: _____

E-mail: _____   Phone: _____

Mailing Address: _____

City: _____   Zip Code: _____

Emergency Contact: _____

Do you have any physical limitations?   ☐ Yes   ☐ No

If yes please list limitations: _____

Have you ever been convicted of a felony?   ☐ Yes   ☐ No

If yes, please explain: _____

_____

Education/Job experience: _____

Skills/Interests/Hobbies: _____

_____

Are you willing to make a six month commitment? ☐ Yes   ☐ No

What days are you available? (please check days)

☐ Mon   ☐ Tue   ☐ Wed   ☐ Thu   ☐ Fri   ☐ Sat   ☐ Sun

Best time to volunteer: ☐ Morning   ☐ Afternoon   ☐ Evening

May we place you on our "On call" list for special events or projects? ☐ Yes   ☐ No

_____   _____

Volunteer Applicant Signature   Date

Chugiak-Eagle River Senior Center
Oath of Confidentiality

I understand that during my association with Chugiak-Eagle River Senior Center, I will become aware of information pertaining to residents, clients, employee related matters, financial and other confidential information. Much of this information is privileged, and protected by rights of privacy or other law.

I agree to keep such information confidential and to use or disclose it only as necessary to carry out my assigned duties.

Use of the information for any other purpose could cause harm to people as well as create liability for Chugiak-Eagle River Senior Center and/or myself.

I make this pledge of confidentiality primarily out of respect for the rights of others, knowing that my failure to uphold this high standard would be morally wrong, would be considered a violation of the Chugiak-Eagle River Senior Center's Personnel Policy Manual, could subject me to cancellation of my Chugiak-Eagle River Center privileges, and further may, under certain circumstances, warrant legal action.

_____   _____
Signature   Date

Insurance Waiver

By signing below, I,_____ understand that while doing any volunteer and or community service work for Chugiak Senior Citizens, Inc., that CSCI does not provide any Workers' Compensation or Employers Liability coverage for me.

I agree to hold harmless CSCI for matters that would be covered under Workers' Compensation policy for paid employees.

_____   _____
Signature   Date