



Nikiski Senior Center

Volunteer Application & Agreement

Date: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ALASKA DRIVERS LICENSE # _____ EXPIRATION: _____

Are you 18 or older: YES: _____ NO: _____ If under 18, please fill out the following:

PARENT/GUARDIAN NAME: _____

AGE: _____ GRADE: _____ SCHOOL: _____

Are you performing community service for honor student credit?

YES: _____ NO: _____

Are you performing community service due to a court order or a stipulation of probation or parole?

YES: _____ NO: _____

What areas are you interested in volunteering for? _____

When are you available? _____

Please provide two references:

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

BACKGROUND CHECK REQUIRED FOR VOLUNTEERS 18 AND OLDER

Agreement

CONFIDENTIALITY:

The nature of services provided by Nikiski Senior Center requires information to be handled privately and confidentially.

With written consent, volunteers are only permitted to release information about our business, employees, or clients to the public or outside agencies. Following legal or regulatory guidelines are the only exception to this policy. All reports, memoranda, notes, or other documents will remain part of the company's confidential records.

Volunteers should only release member, employee, and volunteer personal or professional information to people authorized by the nature of their duties to receive such information and only with the consent of management or the individual.

The undersigned volunteer agrees to abide by this confidentiality agreement, understanding that violation of this agreement may result in immediate written reprimand or termination.

GENERAL RULES & REGULATIONS:

I agree to abide by all the rules and regulations set forth by Nikiski Senior Citizens, Inc. relating to the position I am volunteering for and agree to return all equipment after my volunteer time is complete. I herewith release and hold harmless Nikiski Senior Citizens, Inc. from any claims by myself or my family or assignees which may arise from the performance of the duties I am performing and while traveling from said duties. I understand that Nikiski Senior Citizens, Inc. will indemnify me from any claims arising from the performance of the responsibilities I am volunteering as long as I follow the rules, regulations, and policies of the incorporation. I authorize Nikiski Senior Citizens, Inc. to investigate my background as is necessary for the activity I am volunteering for.

VOLUNTEER:

Sign: _____ Title: _____

Print: _____ Date: _____

NSC STAFF MEMBER:

Sign: _____ Title: _____

Print: _____ Date: _____