**Membership and Volunteer Form**

**Bozeman Senior Center**

 Individual Membership  New or Renewal  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Couples Membership

 Volunteer, but not a member (under 50)

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

Name (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(s) Land Line \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Newsletter:  Don’t Send!

 Mail it!

$12 @ calendar year  Check or  Cash \_\_\_\_\_\_\_\_\_\_\_  E-mail it! (The center saves $)

Emergency Contact information (only if you want to share):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are currently a VOLUNTEER, or would like to be, update/indicate what activities you would like to help with:

2nd Hand Rose Blood Pressure Nurse Child Learning Center Computer Help

Entertainment (you would perform) Fall Festival Flower Bed/Garden

Foot Clinic Nurse/Receptionist Front Desk Kitchen Help

MailersMeals-On-Wheels Driver Pancake Supper Rest Stop

Special Events Staff Table Setting for Daily Lunch

I would offer classes/presentations on this subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Available: Monday Tuesday Wednesday Thursday Friday Sat / Sun

Anytime AM only PM only

807 North Tracy Bozeman, MT 59715. 406-586-2421. FAX 406-586-7739

website: www.bozemanseniorcenter.org

Volunteer Assumption of Risk and Release Form

In consideration of being allowed to participate as a volunteer of the Bozeman Senior Center and related events, and activities, I the undersigned:

1. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, per­manent disability or death.

2. I give permission for the Bozeman Senior Center to use photographs, videos and general information about me in their efforts to publicize their programs.

3. I understand the Bozeman Senior Center staff members have the authority to exclude volunteers from the pro­gram for any behavior they deem to be unsafe, including the use of alcohol and illegal drugs, or being under their influence.

4. I give permission for Bozeman Senior Center staff to obtain emergency medical treatment for me as they deem advisable.

5. I understand and will ensure confidentiality and privacy in regard to history, records, and discussions about people the Bozeman Senior Center serves.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Printed Name Signature Date

***The following section must be completed to participate:***

Yes No Have you ever been convicted for any felony crime involving “offense against the person,” including assault, drugs, sexual or other abuse of children and or adults, endangering welfare of children, or of any felony crime involving “offense against property,” including theft, burglary or crime fraud? If you answered yes, please describe the nature and date of the conviction and the penalty. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Background checks maybe required of volunteers participating in some activities (daycare volunteer, for example).

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY INFORMATION

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name Relationship Phone Number*

Food/Drug Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Existing Conditions/Meds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

Form Reviewed (Please place date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacted by Volunteer Coordinator (Please place date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_