



KINSHIP SENIOR CENTER
921 S. Carrollton Ave • New Orleans, 70118
Monday ⇒ Friday • 9:00 am ⇒ 12:00 pm
www.kinshipnola.org • (504) 314-0300

Volunteer Application

Kinship Senior Center's mission is to be a haven of opportunity for seniors in the community to live independent, healthy, and meaningful lives. Kinship serves seniors by providing critical resources and opportunities. These offerings largely come through the gifts and talents shared with the center by our volunteers. If you resonate with our mission, wish to contribute to the health and engagement of seniors, and are willing to be trained in our procedures, we encourage you to complete this application.

All people interested in volunteering at the center must complete this form. If chosen to interview, you will interview first with the Programs Director, followed by the Executive Director. We are looking for the best fit between you and our organization! We encourage all people to apply and the information on this form will be kept confidential. Thank you for your interest in our organization!

Name: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

Email: _____ **Employer:** _____

Position: _____

Please tell us in which areas you are interested in volunteering:

Programs/Activities ___ Events ___ Fundraising ___ Community Outreach/Recruitment ___

Please indicate days available: Mon Tues Wed Thur Fri Sat Sun

Time Available: From _____ to _____

Any talents or skills you have that you feel would benefit our organization?

Any specific, individual needs we should be aware of that could support you in delivering your services? _____

Emergency Contact-Name/Phone/Email: _____

As a volunteer of Kinship Senior Center I agree to abide by all policies and procedures. I understand I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ **Date:** _____

**We have the right to refuse/ask a volunteer to leave if they are not in compliance with our mission, policies, or procedures.*