



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. If you wish to contribute to the enrichment of seniors and are willing to be trained in our procedures, we encourage you to apply. All potential volunteers must complete this form. If chosen for an interview, you will first meet with the Programs Coordinator and then with the Executive Director. We are looking for the best fit between you and our organization! Thank you for your interest!

Name: _____

Address: _____

Phone: _____ **Email:** _____

Employer: _____ **Position/Title:** _____

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 Thu Fri

Time Available: From _____ to _____

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

Any individual needs we should be aware of to 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.*