

# 30th Street Senior Center

## VOLUNTEER AGREEMENT

Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_\_

Email: \_\_\_\_\_

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

Name	Phone	Relationship
------	-------	--------------

I agree to work \_\_\_\_\_ hours per week / month. My hours will be:

Monday	From _____ to _____	Thursday	From _____ to _____
Tuesday	From _____ to _____	Friday	From _____ to _____
Wednesday	From _____ to _____	Saturday	From _____ to _____

Hospitality Center: Nutrition\_\_\_\_ Information\_\_\_\_ Registration\_\_\_\_ Operator\_\_\_\_

Dining Room       Lab Computer       Accounting

Happy Heart       Garden       Snack Bar       Programs

Other: \_\_\_\_\_

If for any reason I am unable to volunteer, I will call my supervisor or the Volunteer Program Manager. My supervisors will be: \_\_\_\_\_

I understand that is my responsibility to fill out my timesheet correctly and turn it in to my supervisor at the end of the month. I have been given information about the Senior Center and the job description. An adult guardian must accompany all minor volunteers and take full responsibility for them while at the Senior Center. I agree to follow all regulations relating to my volunteer position(s) here at 30<sup>th</sup> Street Senior Center.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Volunteer Program Manager Signature

\_\_\_\_\_  
Volunteer's Adult Guardian's Signature (if volunteer is a minor)

\_\_\_\_\_  
Date

Start date: \_\_\_\_\_ End date: \_\_\_\_\_