



CITY OF SALEM SENIOR CENTER

VO LUNTEER APPLICATION

2615 Portland Road NE

Salem, OR 97301

503-588-6303, Fax 503-599-6377

Thank you for taking time to consider becoming a volunteer at Center 50+. *All Center 50+ Volunteers are included in the ACT(Awesome Community Team).* These are the forms and information required to register as a City of Salem volunteer. It provides us with information needed to provide insurance coverage for you while you are performing your volunteer duties. Please be certain to complete this application **fully**.

This form is required for all volunteers (including minors) who work with children and vulnerable adults, and those who go into private homes or other locations to provide volunteer services.

VO LUNTEER AGREEMENT

The main purpose of this document is to inform you of the insurance coverage provided for you by the City of Salem while you are performing your volunteering duties. There are also some statements regarding guidelines expected of all volunteers for the City of Salem. **Please be certain to complete the signature section at the bottom of pages 3 and 4.**

Once you have completed the application it will then be submitted for a criminal background check. Once approved, you will be contacted to discuss volunteer opportunities at Center 50+

Please Identify your Areas of Interest: Center 50+ Location

- Boutique Clerk
- Committee Member
- Computer Lab
- Entertainment
- Fitness Center
- Fix-It Brigade
- Bingo

- Lapidary/Jewelry
- Receptionist/Greeter
- Respite Care
- Woodshop
- Outreach Program
- Sewing Group
- Friendship Brigade

Ctr 50+ Outside Volunteer

Opportunity interests

- Gardening
- Outdoors
- Children
- Food
- OTHER

ACTNow shirt size S-M-L-XL-2XL

If you are a current patron or volunteer, what year did you first begin with the Senior Center? _____

What programs do you participate in? _____

What hours/days are you available to volunteer? _____

Other volunteer experiences: _____

Questions About Volunteer Registration. Because Center 50+ is a City-owned facility, we are required to have all volunteers complete these forms. Several questions have arisen with this process and we hope this information will answer them. If you have any questions, please call us at 503-588-6303 or stop by for assistance in completing the forms.

Why are the forms necessary? As a volunteer you are essentially an unpaid employee of the City of Salem. Employers have many responsibilities to their employees and there are many laws and regulations to enforce these responsibilities. The forms are required so that the City of Salem can meet these responsibilities.

Why do we need emergency contact information? Should any problems arise while you are at the Center we want to be able to contact someone you trust to be with you. It is a wise idea to carry the name of the emergency contact person with you at all times.

Privacy Laws. The most important information you need to know is that there are data privacy laws that protect you. The City of Salem cannot release any information about you to anyone without your permission. There are serious legal consequences if this trust is violated.

Background Check. The criminal history background registration process is necessary to protect both the volunteers and those we serve. Please don't let this little task keep you from volunteering. Every minute you spend volunteering strengthens the good in our society. Thank you so much for all that you do for the senior community and the City of Salem.

No n-Discrimination. It is the City of Salem's policy to assure that no person shall be discriminated against on the grounds of race, religion, color, sex, marital status, familial status, national origin, age, mental or physical disability, sexual orientation, gender identity, and source of income as provided by *Salem Revised Code Chapter 97*. The City of Salem also fully complies with title VI of the Civil Rights Act of 1964, and Americans with Disabilities Act of 1990, and related statutes and regulations, in all programs and activities. Special accommodations are available, upon request, for persons with disabilities or those needing sign language interpretations, or languages other than English. To request accommodations or services, please call 503-588-6303 at least three business days in advance.

Im looking forward to meeting you and assisting you in becoming a member of our team here at Center 50+.

Sincerely,

Marilyn Daily, Director
Center 50+ Salem Senior Center
503-588-6303

Center 50+ Volunteer Application

Name: (Last) (First) (M.I.) Date of Birth

Please list any other names previously used

Home Address:

City State Zip Code

Permanent Mailing Address (if different from above):

Home Phone: Cell Phone Email

Driver's License # State Type

***Please provide your drivers license or ID. card for photocopying**

List other states where you have resided as an adult (over the age of 18):

I have read, understand and accept the following Confidentiality Agreement:

Maintaining and protecting program information as confidential is vital. All information obtained by me about program participants shall not be disclosed or discussed with anyone outside of Center 50+.

Applicant's Signature _____

Have you ever been convicted of, plead guilty or no contest to a misdemeanor or felony? ___

If yes, please give dates, charge(s) location (state and county of conviction), and any other information you feel should be considered in the evaluation of your application. Please include in your answer any warnings or convictions or any alcohol/drug related driving offenses. Attach explanation on a separate sheet of paper.

I have read the statements, reviewed all of the information provided, and any attachments or supporting documents. I agree that a copy of this document is as valid as the original.

Applicant's Signature _____ Date _____

If the above applicant is a minor (under the age of 18), I agree to the above statements in their entirety. I further give permission for this applicant to be considered a candidate for a volunteer position with the City of Salem.

Parent/Guardian Signature _____ Date _____

VO LUNTEER INFO RMA TION/ RELEASE FO RM

In case of emergency please notify: _____

Relationship: _____ Telephone: _____

Address: _____

I request and authorize the release of any and all information concerning myself for the purpose of volunteering with the City of Salem. I further understand that an investigation into my affairs will include, but is not limited to, all entries wherein I have mentioned as being arrested for any crime, violation, infraction or offense, any entry naming me as a suspect in any crime, violation, infraction or offense, any entry naming me as a witness, victim, complainant, or otherwise involved or named in any report by any member agency of the City of Salem.

I, and all of my successors and heirs, hereby forever release the City of Salem, its member agencies, and all of their officers and employees, from any liability or damage, either direct or indirect, which may result from furnishing the information requested and will hold harmless the City of Salem for the provision or use of any information so obtained regardless of whether it should be later proven to be factual or not factual.

I further agree that a copy of this release is as valid as the original.

Applicant's Signature: _____ Date _____

Printed Name: _____

If the above applicant is a minor (under the age of 18), I agree to the above statements in their entirety. I further give permission for this applicant to be considered a candidate for a volunteer position with the City of Salem.

Parent/Guardian Signature _____ Date _____

Printed Name: _____