



R. Jack Cagle
Commissioner



VOLUNTEER APPLICATION Senior Adult Program/Fun4Seniors

PLEASE PRINT

Date of Application: _____ / _____ / _____

___Mr. ___Ms. ___Mrs. ___Dr.

Name: _____ Phone: _____
Last First Middle Initial

Address: _____
Number Street City State Zip Code

Birthday (Optional): _____ / _____ / _____ E-mail Address: _____



Do/did you volunteer for any other organizations? ___Yes ___No

If "Yes" note name of organization and briefly describe work done. _____

How did you learn about the Fun4Seniors volunteer opportunities?

___Friend ___Other Fun4Seniors volunteers ___While attending a Fun4Seniors event

WHAT AREAS OF VOLUNTEER WORK INTEREST YOU?

- Cashier/Ticket Taker- Special Events
- Hospitality- Special Events
- Set-Up/Decorating- Special Events
- Outreach/Community Service
- Trip Planning Committee
- Outreach Committee
- Special Events Planning Committee

AVAILABILITY:

When do you prefer to volunteer? ___ Mornings ___Afternoons ___Evenings ___Anytime
___ Special Events only

Which days are you available?

___Monday ___ Tuesday ___Wednesday ___Thursday ___ Friday ___Saturday

Number of hours available per week: _____ Per month: _____ Regularly? ___ Yes ___ No

PLEASE LIST YOUR SKILLS: _____

Hobbies: _____

Please note any other pertinent skills and experience:

PERSONAL INFORMATION

Are you currently employed? ___Yes ___ Full-time ___Part-time ___No ___Retired

If "yes", your current position: _____

References: *List name and phone numbers of two personal references.*

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY INFORMATION

Emergency Contact: _____ Phone: _____

Relationship: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

RELEASE AND INDEMNIFICATION AGREEMENT

I, _____, understand that the following agreements are a prerequisite to my participation in the volunteer program and, further, I understand that these agreements are made in consideration of Fun4Seniors and Harris County allowing me to participate in the volunteer program.

I recognize my participation in the Fun4Seniors program is on a voluntary basis. I understand that Fun4Seniors is under no obligation to use my services in the volunteer program and may terminate the use of my volunteer services at any time without notice to me.

I further acknowledge and understand that I will receive no compensation, wages, insurance coverage, or any other employment benefits for my work with Fun4Seniors. While providing volunteer services, I will follow any rules or requirements set forth by Fun4Seniors. I understand that Fun4Seniors has sole discretion to assign tasks to volunteers and tasks may change.

INDEMNITY AND RELEASE: I, THEREFORE, AGREE TO INDEMNIFY AND HOLD FUN4SENIORS AND HARRIS COUNTY, THEIR OFFICERS, AGENTS, AND EMPLOYEES HARMLESS FROM ALL CLAIMS OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING, BUT NOT LIMITED TO NEGLIGENCE, GROSS NEGLIGENCE, AND/OR WILLFUL AND MALICIOUS CONDUCT ARISING OUT OF MY PARTICIPATION IN THE VOLUNTEER PROGRAM AT FUN4SENIORS EVENTS. I ALSO RELEASE AND HOLD FUN4SENIORS AND HARRIS COUNTY, THEIR OFFICERS, AGENTS, AND EMPLOYEES HARMLESS FROM ALL CLAIMS OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE AND/OR GROSS NEGLIGENCE, WHETHER OR NOT SUCH NEGLIGENCE IS CAUSED BY AN OFFICER, EMPLOYEE, OR VOLUNTEER OF FUN4SENIORS OR HARRIS COUNTY, RESULTING IN ANY INJURY TO MYSELF OR MY PROPERTY BECAUSE OF MY PARTICIPATION IN THE VOLUNTEER PROGRAM.

Signature of Volunteer

Date

Office Use Only:

Start Date _____ Date Entered _____ Community Service Hours _____