



**VOLUNTEER ENROLLMENT FORM**  
**STUDIO 60 SENIOR CENTER**  
 2200 Drake Ave  
 Huntsville, AL 35805-5110  
 (256) 880-7080 / Fax (256) 880-7055

(Please Print)

**VOLUNTEER INFORMATION**

Last Name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Birth Date / /
Mailing Address						
City:		State	ZIP Code	Home Phone No. ( )	Cell Phone No. ( )	
Check this box if you do NOT wish to receive the free volunteer subscription to our SeniorLife Magazine:				Email Address		
Previous Work and/or Educational Experience:						
Type of Volunteer Assignment Desired:						
Describe any special skills or hobbies you have which may be incorporated into your volunteer experience:						
Do you speak/read/write any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language and how well?						
Have you ever been convicted of an offense against the law other than a minor traffic violation? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No						

**RSVP STATISTICAL INFORMATION**

Which ethnic group do you identify with (check one): <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian, Pacific <input type="checkbox"/> Native American/Alaskan Native Islander <input type="checkbox"/> Other _____	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>  Are you a veteran of the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**IN CASE OF EMERGENCY**

Name of Local Friend or Relative (not living at same address)	Relationship	Home Phone No. ( )	Work Phone No. ( )
Name of Local Friend or Relative (not living at same address)	Relationship	Home Phone No. ( )	Work Phone No. ( )

(Over)

# VOLUNTEER INTERESTS

Please choose as many volunteer interests listed below as you like:

<p><b>Children (18 &amp; Younger)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mentoring</li> <li><input type="checkbox"/> Reading/Tutoring</li> <li><input type="checkbox"/> Literacy</li> <li><input type="checkbox"/> Childcare</li> <li><input type="checkbox"/> Empowerment</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Activities</li> </ul> <p><b>Health &amp; Nutrition</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health Education</li> <li><input type="checkbox"/> Substance Abuse</li> <li><input type="checkbox"/> Disabilities Programs</li> <li><input type="checkbox"/> Non-Medical in-Home Care</li> <li><input type="checkbox"/> Hospice</li> <li><input type="checkbox"/> Support Services (ex. Information Desk)</li> <li><input type="checkbox"/> Medical Transportation</li> <li><input type="checkbox"/> Food Distribution/Collection</li> </ul> <p><b>Arts &amp; Culture</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Docent</li> <li><input type="checkbox"/> Host</li> <li><input type="checkbox"/> Special Events</li> <li><input type="checkbox"/> Historical</li> <li><input type="checkbox"/> Research/Recording</li> </ul>	<p><b>Community &amp; Economic Development</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Transportation Services</li> <li><input type="checkbox"/> Community Events</li> <li><input type="checkbox"/> Community Garden</li> <li><input type="checkbox"/> Thrift Stores</li> <li><input type="checkbox"/> Beautification</li> </ul> <p><b>Environment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wildlife/Land Protection</li> <li><input type="checkbox"/> Environmental Awareness</li> <li><input type="checkbox"/> Recycling</li> </ul> <p><b>Human Need Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Victim Advocates</li> <li><input type="checkbox"/> Crisis Support</li> <li><input type="checkbox"/> Housing</li> <li><input type="checkbox"/> Rehabilitation/Construction</li> <li><input type="checkbox"/> Human Rights</li> <li><input type="checkbox"/> Adult Literacy</li> <li><input type="checkbox"/> Home Task Assistance</li> <li><input type="checkbox"/> Senior Citizens Advocate</li> </ul>	<p><b>Public Safety</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Disaster Preparedness</li> <li><input type="checkbox"/> Emergency/Safety Support</li> <li><input type="checkbox"/> Child Fingerprinting</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Animals</li> <li><input type="checkbox"/> Gardening</li> <li><input type="checkbox"/> Clerical</li> <li><input type="checkbox"/> Special Events/On-Call List</li> </ul> <p><b>Seniors</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Meal Sites/Meal Deliveries</li> <li><input type="checkbox"/> Senior Neighbors</li> <li><input type="checkbox"/> Medical Transportation</li> <li><input type="checkbox"/> Entertainment/Recreation</li> <li><input type="checkbox"/> Arts &amp; Education</li> <li><input type="checkbox"/> Grocery Delivery</li> <li><input type="checkbox"/> Adult Day Care/Nursing Homes</li> </ul>
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**Confidentiality Agreement:**

By signing below, I acknowledge that I WILL NOT: 1-Discuss a volunteer or client in front of that person or any other individuals, volunteers, or clients. 2- Discuss a volunteer or client in front of other volunteers, visitors, or staff not directly involved with that volunteer or client. I WILL: 1-Document in writing all information on volunteers or clients as required by the program. 2-When in my possession, keep documented confidential information in a locked file.

**Media Release:** I Hereby give permission to the STUDIO 60 Senior Center to use photographs and/or video interviews for publication.

YES                      NO

*I agree to volunteer my services through the Retired Senior Volunteer Program and I understand that I am not an employee of the STUDIO 60 Senior Center. Volunteers are responsible for maintaining confidentiality of all proprietary and privileged information to which they are exposed as volunteers. I further agree to indemnify, hold harmless and defend the STUDIO 60 Senior Center, its officers, agents, volunteers, and employees from any and all claims resulting from injury, damage or loss sustained by me, and arising from, connected with, or in any way associated with the activities of any Volunteer Projects I choose to participate in. I understand the information I provided may be verified and a background check may be conducted.*

X	<b>SIGNATURE</b>	<b>DATE</b>
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**For Internal Office Use Only!**

Station(s) Assigned \_\_\_\_\_

Date Assigned \_\_\_\_\_

SUBMIT

RESET

\_\_\_\_\_  
RSVP Staff Signature