Data Base Entered
Date:_____

Excel _____

Volgistics_____

Simi Valley Senior Center

3900 Avenida Simi, Simi Valley, CA 93063
(805) 583-6363

VOLUNTEER APPLICATION

(All volunteer need to be 18 year of age or older)

Office Use only
Application date_____
Updated_____
Updated_____
Updated_____
Review DOB_____
Restrictions #_____

(Core)
Name

Number:_____

_____
Last name First name Middle initial

_____ _____
Nickname Cell Phone Number

_____ _____
Home Phone Number Phone number (other)

Home Address

_____
Street Number Street Name

_____
City State Zip Code

Do you want to be contacted by e-mail or regular mail? E-mail ___ Regular ___

E-mail address**:** _____

(Profile)
Personal

Date of birth_____ ☐ Male ☐ Female Spouse's Name_____
Month/Day/Year

Restrictions: Check where applicable

Do you have difficulty doing the following: ☐Lifting, ☐Walking, ☐Walking limited, ☐Standing

Do you use any of the following: ☐Cane, ☐Walker, ☐Wheelchair, ☐Electric wheelchair, ☐Electric Cart

Do you have difficulty with the following: ☐Hearing, ☐Speaking, ☐Writing, ☐Eyesight, not corrected with lenses

CITY OF SIMI VALLEY

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:						
To:						

My availability is: From: _____(date) to_____ (date)

I would like to serve up to**:** _____ hours per week**,**_____ hours per month

Assignment Preference
Special abilities or interests: Check where applicable

□ Dance Monitor □ Food Service □ Clerical/Reception (Ambassador)
□ Fund Raising □ Meals On Wheels Driver □ Newsletter Mailing
□ Special Events □ Translator (what language _____)

(Contact)
Emergency Contact Name: Local, within 25 miles

_____ _____ _____
Last Name First Name Relationship

_____ _____
Home Phone Number Cell Phone Number

By signing this application, I grant permission for the City of Simi Valley to use participant's image, filmed during program activities, to promote its services and programs. I agree to indemnify and hold the City of Simi Valley harmless from and against any claims, whether caused by passive negligence or otherwise. I will pay all costs incident to any claim, including, without limitation, attorneys' fees. I will serve as a volunteer and at the pleasure of the City Council. As a volunteer, I understand that I am not covered by the City's insurance policy and further that the City's liability does not encompass volunteers. I agree that this agreement is intended to be as broad and inclusive as is permitted by law of the State of California.

Your status will be as a volunteer, which means that you are offering to contribute to the City of Simi Valley for humanitarian, community service or religious reasons. You understand and agree that you will not be paid for your time, nor will you receive any benefits provided to employees of the City of Simi Valley. Should you be selected to volunteer in a capacity that gives you access to financial or personal data, we may be asking you to sign other documents before you begin volunteering with us, such as a confidentiality agreement, security awareness.

We understand that you may change your availability at any time. We simply ask that you let us know any changes in your availability for planning purposes.

We truly appreciate your contribution and we look forward having you assist us.

_____ _____
Signature Date

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