MOENKOPI SENIOR CENTER
P.O. Box 2139
Tuba City, Arizona 86045
PHONE: (928) 283-8025 FAX: (928) 283-8069

Volunteer Enrollment Packet

PLEASE PRINT. COMPLETE FULLY.

Full Name: _____

Address: _____ City/State/Zip Code: _____

Phone Number: _____ Email: _____

Please Circle Availability: Mon. Tues. Wed. Thurs. Fri. Hours: ____ AM to ____ PM

Gender: Male ___ Female ___ Check One: Youth (17 & under) ____ Adult (18 & over) ____

Emergency Contact #1: Name _____ Relationship: _____

Phone Number: _____

Emergency Contact #2: Name _____ Relationship: _____

Phone Number: _____

Do you currently volunteer with a different program? Yes ____ No ____

If yes, please us where: _____

Contact person: _____ Phone Number: _____

Volunteer Interests: ____ Senior Activities ____ Special Events Assistance ____ Arts & Crafts

____ Driver/Delivery ____ Office Work/Clerical ____ Dance Group

List any skills that you may have. (Examples: working with the public, teaching a craft/class, cultural/language, computer skills, photography.) _____

_____

Have you been convicted of a crime by the court of law within the last 10 years? Yes ____ No ____
(A conviction will not necessarily bar you from volunteering.)

Please list two personal references who can speak knowledgeably of your ability to volunteer.

Name	Address	Telephone	Occupation	Years Known

I understand that all information on this form is voluntarily supplied and may be disclosed for volunteerism purposes only. I hereby volunteer my services and understand that I am not a paid employee of Moenkopi Senior Center. I agree to keep all information about clients, volunteers, or other individuals obtained while volunteering confidential. I hereby consent to participation in the herein described activity and hereby waive any and all claims against and agree to hold harmless and indemnify the Moenkopi Senior Center, Upper Village of Moenkopi, and the Hopi Tribe, its agents and/or employees from any or all claims which may be made for damages and/or injury to property or any person assisting as a result, of or in connection with such participation by me or said child occasioned by any cause whatsoever, including but not limited to negligence by the Moenkopi Senior Center. I hereby give my consent for emergency medical treatment. I understand this is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency. I affirm that the above information is accurate, and I have read and agree to the statements above.

_____ _____

Volunteer Signature (or Parent/Guardian for minor) Date

For Office Use:

Approved to Volunteer? Yes ____ No ____

Begin Date: _____

Department: _____

_____ _____

Program Administrator Date