

# YARNELL COMMUNITY CENTER

22302 S. Hwy 89, PO Box 641, Yarnell, AZ 85362 | (928) 427-6347 | YarnellCommunityCenter.org

## Volunteer Information

**Please PRINT legibly**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number (with area code): \_\_\_\_\_ Phone Type:  Home  Work  Cell

2nd Phone Number (with area code): \_\_\_\_\_ Phone Type:  Home  Work  Cell

Email Address: \_\_\_\_\_

### Skills & Talents

What special skills, talents, or trade do you have that can be shared through your volunteering?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you bilingual?  No  Yes - what language(s)? \_\_\_\_\_

### Interest, Schedule & Availability

Which area(s) are you interested in:

- Thrift Store       Special Event Set-up/Clean-up       Office/Clerical/Filing/Data Entry
- Yard Work       Maintenance/Repairs/Handyman
- Kitchen\*       Dining Room\*       Meal Delivery\*\*

(\*requires Food Handlers Card)

(\*\*requires dependable transportation, valid insurance, valid driver's license and background check)

### Schedule & Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Yes/No						
Hours Available						

### Frequency:

Twice a Week     Once a Week     Twice a Month     Once a Month     Other: \_\_\_\_\_

Are you able to volunteer on a regular schedule (i.e. the same time every week)?

Yes  No    Comments: \_\_\_\_\_

# YARNELL COMMUNITY CENTER

## Medical & Emergency Information

Do you have any physical limitations?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you taking any medications we should be aware of? (Example: Nitroglycerin)  Yes  No

Do you carry an inhaler?  Yes  No

## Emergency Contact

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone (with area code): \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone (with area code): \_\_\_\_\_ Relationship: \_\_\_\_\_

## General Waiver/Release of Liability

I will hold harmless Yarnell Community Center for any loss or damages. I am responsible for my own actions and Yarnell Community Center will not be held liable for my actions or those by volunteers, representatives or agents. I accept risks and responsibilities for the losses and/or damages following an injury or other loss. I will use my personal insurance as the primary provider in the event of accident or injury related to my work as a Yarnell Community Center volunteer.

I will follow all rules and procedures given me by Yarnell Community Center employees or agents, including dress code guidelines.

I attest that I/the minor child(ren) or vulnerable adults under my supervision are physically fit and prepared to perform the tasks assigned as a Yarnell Community Center volunteer, subject to all personal limitations/restrictions as described in the Emergency Information section of the personal release form. If at any time I/the minor child(ren) or vulnerable adults under my supervision feel unable to perform the work assigned, I/we will immediately cease working and report to the Executive Director or a Yarnell Community Center employee or agent for re-assignment.

I as a parent/legal guardian or group supervisor am solely responsible for the safety, supervision, and actions of any minor children and/or vulnerable adults in our group and no one under the age of 18 may operate any power equipment.

I also grant the Yarnell Community Center full permission to use photographs and quotations by me for promotional or other purposes including inclusion on the Yarnell Community Center website.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### If Under Age 18:

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name