

Wickham Park Senior Center Association, Inc.

VOLUNTEER APPLICATION

It is a Florida State Requirement that all workers, either paid employees or volunteers, provide basic contact information, and that our organization maintain this record together with a record of hours worked. Therefore, please complete the following application and print clearly. Note: ** are required.

**Name: _____ **Phone No: _____

**Street: _____ **Cell No: _____

**City: _____ **Zip: _____

**2nd Address: _____

**Email Address: _____ **DOB: _____

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Please circle your answers to the following:

Are you a paid-up member of the Wickham Park Senior Center? Yes No
(Note: Paid-up membership is required unless you are applying for Volunteer Membership which will require Board Approval)

Do you have computer experience? Yes No

Are you a full-time resident of Brevard County? Yes No

Do you have any physical impairments or medical problems? Yes No

If Yes, please explain: _____

What days are you available to work a 3-5-hour shift? _____

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Please read the following statement, then sign below that you have and understood:

I hereby waive, release and discharge WPSC, its Board members, officials, representatives' agents, employees and assigns from any and all claims, liabilities, debts and causes of action that may arise from my participation as a WPSC volunteer. In addition, I swear to uphold the rules, regulations, policies and procedures under which WPSC operates, and to conduct business in a safe and harmonious manner. Further, I understand that I am responsible for reporting any safety or security issues to the Board Member on Duty during my shift.

The applicant will keep all contact information up to date for the duration of volunteering/membership.

Signature: _____ Membership#: _____

Date began Volunteering: _____ Where assigned: _____

WPSC Property issued to Volunteer: _____
