

Volunteer Coordinator: Georgia Kopel georgiakopelssc@gmail.com 510-499-4973

Volunteer Application

Personal Contact Information

Date	ə:	Name:		
	ress:			
			Home Phone:	
Ema	ail:			
Em	ergency Contact Informa	tion		
Name:		Rela	Relationship to you:	
Cell	Phone:	Home Phone:		
	rests and Qualifications			
		in voluntooring	r for?	
VVIId	at areas are you interested Fundraising	iii voiunteenin	Administrative Support	
	Event Planning		Social Media/Marketing	
	Baking for Events and/or Bir	ngo	Yard Work	
	Phone calling		Teach Classes (cooking, exercise, dance, etc)	
	Start a club (hiking, scrabble,	bicycling, etc)	Event set-up/prep/clean-up	
You	r special training, skills, hobb	ies:		
	guage(s): □ English □ Other:			
Any	physical or medical limitation	าร:		
injury disch	y and I hereby agree to assume al narge, waive and relinquish all clai	l risks that may be ms, liabilities and c	eer at the Sierra Senior may carry a risk of personal associated with my participation. I hereby release, damages I may sustain from bodily injury, personal injury Center, its officers, directors, employees and agents.	
Volunteer Signature:			Date:	
Prin	t Name:			