

Lowell Center
Volunteer Application Form
(Please print or write clearly)

I am interested in volunteer opportunities with the Lowell Center.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Best time to call: _____

Cellular Phone: _____ Email Address: _____

In case of an emergency notify:

Name: _____

Phone Number: _____

Skills, Experience and Interests

Why are you interested in becoming a volunteer? _____

Main Personal Interest: _____

Secondary Interest: _____

Current/Former Occupation: _____

Summarize Skills: _____

Hobbies: _____

Present/Previous Volunteer Training or Experience: _____

(Continued on back)

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Availability: _____

What kind of commitment are you prepared to make?

Ongoing Programs: _____ Single Event: _____

When can you serve?

Mondays: _____ Tuesdays: _____

Wednesdays: _____ Thursdays: _____

Fridays: _____

References (list two) _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

As a condition of volunteering, I give permission for the Wisconsin Rapids Area Senior Center Association, Inc., to conduct a review of my criminal history records. I understand that, if accepted as a volunteer, my volunteer position is conditioned upon the receipt of no inappropriate information on my background. I hereby release and agree to hold harmless from liability the City of Wisconsin Rapids, the Wisconsin Rapids Senior Center Association, Inc., their employees, officers, and volunteers, or any other person or organization that may provide such information.

Each volunteer granted access to data, records, personal information holds a position of trust and must preserve the security and confidentiality of the information he/she uses. Volunteers are required to abide by all applicable Federal and State guidelines and City of Wisconsin Rapids policies regarding confidentiality of data, records, and information.

Signature: _____ Date: _____