

YARNELL COMMUNITY CENTER

Start Date: _____

End Date: _____

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: _____

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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