YARNELL COMMUNITY CENTER

22302 S. Hwy 89, PO Box 641, Yarnell, AZ 85362 | (928) 427-6347 | Website: www.yarnellrcc.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