

**AJAX TURNER SENIOR CITIZENS CENTER
VOLUNTEER APPLICATION**

(Please completely fill out all 4 pages of this application)

NAME: _____ (nickname) _____ DATE: ____ / ____ / ____

ADDRESS: _____

CITY STATE ZIP

How long at this address? _____
If less than 5 years, previous address: _____

COUNTY CITY STATE ZIP

Telephone number: Home _____ Cell _____

Date of Birth: ____ / ____ / ____ Age: _____ Male: _____ Female: _____

E-mail: _____

Are you currently employed? _____ YES _____ NO

Past and present (if applicable), employment, experience and skills; highest grade completed in school:

Why do you wish to volunteer at the Center? _____

In what preferred areas or type of work would you like to volunteer?

What are the days and times in which you are available to volunteer?

What medication are you currently required to take or for what are you taking the medicine for? (Optional) _____

* A registered volunteer of the Center must be 18 years of age or older. A legal guardian requesting volunteering for an underage child must complete a volunteer application & agree to the underage child agreement.

To assist in a suitable volunteer position please list any and all health and physical limitations:

1. Are you FREE from ALL Communicable Diseases? ____Yes ____No

If NO, you are not eligible to complete your volunteering at the Center.

2. If for community service, does the charge include violence or thief? ____Yes ____No

If YES, you are not eligible to complete your volunteering at the Center.

List three (3) character references: (not relatives)-One reference you have known 5 yrs.

NAME:

ADDRESS:

PHONE:

1. _____

2. _____

3. _____

Person(s) to contact in case of emergency:

Name:

Address:

Telephone Number:

Relationship:

1. _____

2. _____

I certify, under penalty of law, that the information I have provided is complete and accurate to the best of my ability. I authorize the release of the disclosures made in this application and any criminal record information to the Clarksville Montgomery County Ajax Turner Senior Citizens Center, at which I will be volunteering, and any entity they may designate in the review of my criminal history.

I agree to follow all the guidelines in my job description and the Volunteer Certification & Disclosure statement

Applicant or Guardian Signature

Date:

Executive Director's Comments:

"Thank you for choosing our Center as your volunteer site."

CLARKSVILLE MONTGOMERY COUNTY
AJAX TURNER SENIOR CITIZENS CENTER
953 CLARK STREET
CLARKSVILLE TENNESSEE 37040

CRIMINAL RECORD CHECK
(Please print clearly. Formal name only)

(Last name) (First name) (Middle Init.)

Date of Birth: ____/____/____

Sex: Male _____ Female _____

The Clarksville Montgomery County Ajax Turner Citizens Center has my consent to perform a Criminal Records check. All information I have provided is true and correct, and by signing my signature below, I give full authorization for these required checks to be made, in order to verify my background and character for volunteering at the Clarksville Montgomery County Ajax Turner Senior Citizens Center.

Signature of applicant (if 18 years of age or older) Date

***No background check will be performed on any individual below the age of 18; however, if there is an individual under 18 who their legal guardian wishes them to volunteer, there must also be a Volunteer Application completed by the assigned legal guardian, of which a background check will be performed.

DO NOT WRITE BELOW THIS LINE
FOR OFFICE STAFF ONLY

Felony Offender Check: _____ no findings _____ Please see attached document(s)
NSOPR: _____ no findings _____ Please see attached document(s)
Warrant Search: _____ no findings _____ Please see attached document(s)
Drug Offender Record Check: _____ no findings _____ Please see attached document(s)
Health Abuse Record Check: _____ no findings _____ Please see attached document(s)

Printed name of person completing these checks Date checks were completed

**CLARKSVILLE/MONTGOMERY
AJAX TURNER SENIOR CITIZENS CENTER**

CONFIDENTIALITY AGREEMENT

I understand and agree that any information, privileged or non-privileged by definition, to which I have access while visiting, working or volunteering, is to be treated in a confidential manner and shall not be discussed with anyone except as is necessary to carry out my responsibilities. Nor shall it be released to anyone without the express approval of the Executive Director.

I understand all information and I agree to comply with this rule.

Signature of Participant or Guardian

Date

HOLD HARMLESS AGREEMENT*

I (print name) _____ agree to hold harmless the Clarksville Montgomery County Ajax Turner Senior Citizens Center, (hereafter called the Center), The City of Clarksville, its agents, employees or any other person against loss or expense including attorney(s) fees, by reason of the liability imposed by law upon the Center and/or the City, except in cases of the Center's and/or the City's sole negligence, for damages because of bodily injury, including death at any time resulting there from, sustained by any person or persons, or on account of damage to property arising out of or in consequences of my actions, whether such injuries to persons or damage to property are due or claim to be due to any passive negligence of the Center and or the City, its employees or agents, or any other person.

Signature of Participant or Guardian

Date

AGREEMENT FOR UNDERAGE (UNDER 18 YEARS OF AGE) CHILD VOLUNTEER PARTICIPATION *

(Underage child must Volunteer for an approved service)

I (print name) _____ agree, as the legal guardian, to also complete a volunteer application and have the background check completed on me. I agree to remain with the child 100% of the time while the child is in a volunteer capacity and is in the boundaries of the Center. The child is only able to remain at the Center for the time of their assigned volunteering duties.

I understand all information in this agreement and agree to comply with this rule.

Signature of Legal Guardian

Date

*Please Print and sign your full name in the designated areas of this form.