CASTLE ROCK SENIOR ACTIVITY CENTER

"Loving Life in the Second Half"

Today's Date: _____

2023 Volunteer Application

Personal Information: *Please Print Clearly*

Name:_____

Street Address:_____

City:_____ State:_____ Zip :_____

Home Phone:_____ Cell Phone :_____

Email:_____ Birth Date:_____

Male ◯ Female ◯ Are you a veteran? Yes ◯ No ◯

Interests - Tell us in which areas you are interested in volunteering

◯ Drivers (Shuttle, Specials, Events)

◯ Kitchen Help (VOA, Potlucks, & Social Event)

◯ Fundraising/Outreach/Special Events Staff

◯ Proofreading of Newsletters/Mailings

◯ Facility

◯ Meals on Wheels Driver

◯ Teach a craft class

◯ Sports (Softball, Golf, Tennis, Hiking, Bowling

◯ Committee Member: Membership, Fundraising, Facilities, Activities, Sports, and Transportation

◯ Greeter/Front Desk Help

◯ Set Up for Programs (Tables and Chairs)

◯ Bingo Caller

◯ Help in Library

◯ Other:_____

Availability

Monday		Tuesday		Wednesday		Thursday		Friday	

How many days per month can you commit? _____ Regularly _____ As needed _____

How did you hear about us? _____

Previous Volunteer Experience - Please list where you are now volunteering and describe your duties:

_____

Person to Notify in Case of Emergency

Name :_____

Address:_____

City:_____ State:_____ Zip :_____

Relationship:_____

Home Phone:_____ Cell Phone :_____

Email :_____

References

1.) Name :_____ Phone :_____

Relationship:_____

2.) Name:_____ Phone :_____

Relationship :_____

Do you have any medical condition or physical limitation that may restrict your ability to perform certain tasks? _____

Volunteer Driver Information - Please check the type(s) of driving you are interested in

Shuttle	Events	Specials

List driving experience: _____

Do you have any problems with mountain driving, snowy/icy conditions, heavy traffic, or night driving? If yes, please explain. _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed):	
Signature:	
Date:	

Office Use Only							
Application Received:		Volunteer Agreement		Handbook: _____		Background Check:	
Copy of Insurance card:		DMV Record:		Copy of Driver's Lic:		Confidentiality Agreement:	

CASTLE ROCK
SENIOR ACTIVITY CENTER

"Loving Life in the Second Half"

2323 Woodlands Blvd., Castle Rock, CO 80104

Acknowledgment of Confidentiality Concerning the Business of the Castle Rock Senior Activity Center

I, the undersigned Staff, Board Member, Committee Member and or Volunteer of the Castle Rock Senior Center, acknowledge that I have been informed and am aware of the confidential nature of the information that I may overhear or be a part of while conducting the business of the Castle Rock Senior Center. I am advised and aware that:

Reports and records concerning staff, members, volunteers, guests and/or visitors or transportation riders of the Center or the programs or events of the Center are confidential and are not public information. Any information received during our regular business shall be considered confidential and only shared with Staff, Board Members and or our Legal Advisor when necessary.

Nothing in this Agreement shall prevent me from commenting publicly about general trends or concerns perceived with the business of the Castle Rock Senior Center. The Castle Rock Senior Center will not indemnify me, defend me, or contribute financially to my defense should civil or criminal claims be made against me if I choose to speak publicly concerning my service of the Castle Rock Senior Center.

I understand that as the undersigned, I conduct myself as a representative of the Castle Rock Senior Center, and that as such a representative I understand and agree that I will conduct myself professionally with regard to the sensitive nature of some of our dealings with each other and the community.

Printed Name: _____

Signature: _____ Date: _____

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Volunteer Agreement and Waiver of Liability

Updated 3/2017

Please read carefully before signing.

In consideration for receiving permission from the Castle Rock Senior Center, Inc., dba the Castle Rock Senior Activity Center (CRSAC), to participate as a volunteer, I offer and agree to volunteer my services without compensation to assist CRSAC in accordance with the following: I assume all risks of loss and injury, including but not limited to, personal injuries, death and property damages arising out of my participation as an authorized volunteer for CRSAC; and I waive and release CRSAC, its directors, employees, agents and other authorized volunteers, from responsibility for any and all damages, injuries or loss that I suffer to my person or property from any cause while participating as an authorized volunteer for CRSAC. I shall defend, indemnify, save and hold harmless CRSAC, its directors, employees, agents and other authorized volunteers, against any and all claims, damages, liability, demands or actions or causes of action and court awards including costs, expenses, and attorneys' fees and related costs, incurred as a result of my activities or omissions as contemplated by this agreement. This release and indemnification shall be binding upon me, my heirs, successors, assigns, administrators and executors.

Colorado Workers' Compensation Act

• I understand that I am acting strictly as an authorized volunteer and not a compensated employee.

• I understand that the volunteering of my time or services does not constitute employment for the purposes of the Colorado Workers' Compensation Act, that I am not entitled to benefits pursuant to such Act, and that the CRSAC shall not pay for or otherwise provide such coverage for me.

• If I am injured while performing duties within the scope of this agreement the CRSAC will not be liable for medical coverage beyond the provided secondary Volunteer Insurance Policy, if such policy is provided by the CRSAC. If I feel this coverage is not sufficient, I will be responsible for providing the excess coverage through a personal medical plan.

General

• I agree that all photographs taken of me are owned by CRSAC, and that CRSAC may use, publish and copyright photographs without my inspection or approval.

• I shall abide by the rules and regulations of CRSAC while participating as an authorized volunteer.

I, _____, hereby certify the information provided by me on this application is true and correct to the best of my knowledge and belief, and I grant CRSAC permission to verify facts contained in this application through the release of information such as reference checks, driving records, educational, work and criminal history, and law enforcement agency background checks. I further acknowledge that I have read, understood, and voluntarily agreed to the foregoing Volunteer Agreement and Waiver of Liability. The release of any relevant information to verify my eligibility as a volunteer for CRSAC will be held confidential. This agreement may be terminated at any time without cause, by either party, upon advance written notice.

Signature of Volunteer: _____ Date:_____

Volunteer Conflict of Interest Policy

Update 6-7-19

Volunteers may not use privileged information gained as a result of their volunteer status for personal gain or benefit, or to benefit relatives, friends or acquaintances.

If an volunteer or volunteer's family has an interest (including, but not limited to, serving as partner, manager, stockholder or employee) in any business that sells products and or services to the Castle Rock Senior Center (Center) or if a volunteer has information on the Center that may be used for personal gain, the volunteer shall advise the Executive Director or Board President of such interest in writing.

The notified official shall determine if a conflict of interest exists and shall then notify the Volunteer. If such a conflict is found to exist the volunteer will be given the option of terminating their volunteer status. Failure to comply with these provisions may result in immediate dismissal.

I have read and understand the contents of this policy and agree to abide by its terms.

Printed Name:_____

Signature: _____Date: _____