



COMAL COUNTY SENIOR CITIZENS FOUNDATION

Enriching the Lives of Aging Adults

VOLUNTEER INTEREST FORM

Name: _____ Date: _____

Address: _____

State: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-mail Address: _____

EMERGENCY CONTACT: _____

Name

Relationship

Phone

Are you a member of Comal County Senior Citizens Center? ___ Yes ___ No

Please check activities you might be interested in from the following list:

___ Fitness Center

___ Kitchen Server

___ Meals on Wheels

___ Thrift Store

___ Board of Trustees

___ Meals on Wheels Sub

___ Receptionist

___ Address Labeling

___ Special Events

___ Librarian

I am available to volunteer:

___ Monday ___ am ___ pm

___ Saturday ___ am ___ pm

___ Tuesday ___ am ___ pm

___ Sunday ___ am ___ pm

___ Wednesday ___ am ___ pm

___ Add me to the **on call** volunteer list for short-term assignments, and I will accept or decline as per my schedule

___ Thursday ___ am ___ pm

___ Friday ___ am ___ pm



COMAL COUNTY SENIOR CITIZENS FOUNDATION

Enriching the Lives of Aging Adults

Please list any special skills, interests or languages:

Driver Information

In order to be eligible to deliver meals, volunteers must have a valid driver's license and comply with current regulations mandated by the Texas Department of Public Safety.

Driver's License No.: _____ Driver's License State: _____

Insurance Company: _____

Date of Birth: _____

Background Check & Volunteer Agreement

I hereby allow Comal County Senior Citizens Foundation to perform a criminal background check to determine my suitability as a volunteer for the organization. I understand that prior felony convictions will disqualify me from participating as a volunteer. All information collected for the background check will be kept confidential.

In addition, I promise to conduct myself with dignity, courtesy, and consideration. I will treat as confidential all information which I might acquire directly or indirectly concerning clients and will not discuss information with anyone other than Comal County Senior Citizens Foundation staff or representatives. I will uphold the traditions and standards of Comal County Senior Citizens Foundation and will interpret them to the community at large.

Furthermore, I agree to indemnify and hold Comal County Senior Citizens Foundation harmless of and from all claims, demands, losses, suits or all other damages of any kind arising from my actions as a representative volunteer. I understand that once I sign my completed application, my signature verifies that I will deliver meals or other assigned volunteer activities according to the guidelines as instructed.

Volunteer Signature: _____ Date _____

Volunteer Coordinator Signature: _____ Date _____