



Newaygo County Commission on Aging

Volunteer Application

Today's Date: _____

Personal Information

Name: _____ Phone: _____
(First Last Middle)

Home Address: _____

E-mail: _____ Preferred Method of contact? _____

Occupation (If retired, previous occupation): _____

Emergency Contact Information

Name: _____ Relation To Volunteer: _____
(First Last Middle)

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Volunteer Information

I am looking to volunteer:

On a regular Basis occasionally ___ hours for school or my employer

I need to complete ___ hours of court-appointed community service hours. Briefly describe the offense for which these hours are required as well as your case workers name and phone number:

Availability

Our hours of operation are Monday-Friday from 8:00AM-5:00PM. What is your availability?

- | | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Monday AM | <input type="checkbox"/> Monday PM | <input type="checkbox"/> Tuesday AM | <input type="checkbox"/> Tuesday PM |
| <input type="checkbox"/> Wednesday AM | <input type="checkbox"/> Wednesday PM | <input type="checkbox"/> Thursday AM | <input type="checkbox"/> Thursday PM |
| <input type="checkbox"/> Friday AM | <input type="checkbox"/> Friday PM | <input type="checkbox"/> Anytime | |

Comments: _____



Interests

I would volunteer at the following locations (check all that apply): All Locations

- White Cloud Building/Meal site
 Fremont Meal site
 Newaygo Meal Site
 Merrill Township Hall Meal Site
 Recreational Trips

Please check the following volunteer areas that you may be interested in:

Anything – No Preference	Clerical Assistance/Data Entry
Working in the kitchen	Leading Games
Serving meals	Arts and Crafts
Socializing/Activities with Seniors	Preparing Games/Crafts
Special Events/Parties	Assisting with the White Pine Adult Day Group
Gardening	Planning large special events
Yard work/ Spring and Fall cleanup	Marketing
Cleaning/Custodial work	COA Trips

Talents and Skills

We realize our volunteers are all unique and have their own special talents. Please list any special talents or skills you have that you would be willing to share with the Newaygo County Commission on Aging while you are volunteering: _____

Background

Have you ever been convicted for any crime except for minor traffic violations (i.e. civil infraction) No Yes (If yes, please list below)

Offense	Felony or Misdemeanor	State	Date

Waiver and Agreement



This release of liability is between County of Newaygo and including Newaygo County Commission on Aging, its employees, members, agents, lessors, and affiliates, hereby referred to as "County of Newaygo". To the best of my knowledge, the information on this sheet is true and accurate. I authorize the County of Newaygo to disclose pertinent information to other agencies, organizations or individuals for the purpose of sharing volunteer information.

Volunteer Program: After submitting this documentation and receiving an orientation, I will be participating in the Newaygo County Volunteer Program in one or multiple volunteer capacities listed in the Volunteer Policy Manual and/or volunteer position description. You may be dismissed from the Volunteer Program at any time based on the Newaygo County Commission on Aging Administration's discretion.

Acknowledgement and Assumption of Risk: I acknowledge that this Accident Waiver and Release of Liability form will be used by Newaygo County and its authorized representatives and that it will govern my actions and responsibilities at said activities.

I recognize that the volunteer program in which I am a member may involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and man-made hazards, environmental conditions, diseases and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks, which may be associated with, or may result from my participation in the program.

I recognize that these program activities may involve physical activity and may cause physical discomfort. I state that I am sufficiently physically fit to participate in the Program.

I hereby consent to receive medical treatment, which may be deemed appropriate in the event of injury, accident, and/or illness during this activity.

Communications: I release County of Newaygo from any liability for use of images, which include myself *or family members* generated for public relations including but not limited to: printed publications, pictures, videos, television, internet, and electronic media.

Liability Release: In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including as to my traveling to and from this activity, the following entities or persons: Newaygo County, its elected and appointed officials, employees and volunteers, lessors and representatives and agents, and others working or acting in behalf of Newaygo County; and to the extent permitted by law (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this activity. As a volunteer and/or intern at County of Newaygo, I will receive no financial reimbursement for services rendered.

Consent: I have had the opportunity to READ and UNDERSTAND this agreement and acknowledge that by signing this document, I am waiving certain legal rights in the event of injury. This agreement shall be governed by and construed in accordance with the laws of the State of Michigan. Furthermore I give the County of Newaygo consent to perform a background check and drug screening if they deem it necessary based on their sole discretion.

BY SIGNING BELOW, I accept and agree to the terms contained above.

Signature of Volunteer: _____ **Date:** _____

Office Use Only

Date Received: _____ Background Check: Needed Not Needed Date completed: _____

Parental Consent form Received (If needed): _____ Date Orientation completed: _____