

SENIOR VOLUNTEER APPLICATION

Program Leader

S.C.OUT Program

Youth mentorship programs

Senior Time barter Service exchange

I am available: Days Evenings Weekends

Check any activities for which you are interested in volunteering.

What personal experience qualifies you for the position for which you are volunteering?

Are you a past volunteer? Yes No If yes, what program?

Receive information about the different projects, programs and volunteer opportunities.
Your support helps us maintain our commitment to the young adults.

Your Contact Information

PLEASE PRINT CLEARLY – THANK YOU

Sex (check one) MALE FEMALE M F

Date of Birth _____ Marital Status _____

Ethnic Group _____ Telephone Number _____

Street Address

City, State, Zip Code

Social Security Number

Religion _____

Veteran Status

Maiden Name

Birthplace _____

Next of Kin's Name

Next of Kin's Address

Next of Kin's Telephone Number

Driver's License Number _____

Email address

Are you 18 or older? Yes No

I agree to abide by all the rules and regulations set forth by The Cycle of Life Foundation as they relate to the position I am volunteering for and agree to return all equipment at the conclusion of the program. I herewith release and hold harmless The Cycle of Life Foundation from any and all claims by myself or my family or assignees which may arise from performance of the duties for which I am volunteering and while traveling from said duties. I understand that The Cycle of Life Foundation will indemnify me from any and all claims arising from the performance of the duties for which I am volunteering as long as I am following the rules, regulations and policies of The Cycle of Life Foundation. I

authorize The Cycle of Life Foundation to investigate my background as is determined necessary for the particular activity for which I am volunteering.

SENIOR CITIZEN PROGRAM

Volunteer Application and Agreement

Name: Last _____ First _____ Middle _____

Comments or Special Requests: