



## Individual Volunteer Participation Agreement

Volunteer's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone/Cell (\_\_\_\_) \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail Address \_\_\_\_\_  
Renter Information: \_\_\_\_\_

### **Emergency Contact Information**

Person(s) to contact if I become ill or injured while on volunteer assignment:

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Any other information you would like in our files in case of emergency.

I, \_\_\_\_\_, agree to volunteer my services to the Mira Mesa Senior Center (MMSC) in the position of \_\_\_\_\_. I understand my volunteer work schedule to be the following days: \_\_\_\_\_ during the following hours: \_\_\_\_\_ for \_\_\_\_\_ months or until the project is completed. I certify that I have read and understand the Volunteer Position/Job Description for this volunteer position, and the rules and regulations applicable to the volunteer position and the MMSC Program. I agree to abide by those rules and regulations. I further certify that I am capable of performing the duties set forth in the position description and know of no physical condition which would preclude the performance of those duties.

If I cannot complete the project or otherwise meet my commitment, I will notify my supervisor immediately. I acknowledge that the MMSC Permittee will defend and indemnify me in any claim or action arising from my actions that are within the scope of my duties as a volunteer including insurance coverage for accident.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Volunteer's signature \_\_\_\_\_

### ***If the volunteer is a minor (17 years of age and under) a parental/legal guardian must also complete the following information.***

I, \_\_\_\_\_, consent to allow my minor child or dependent \_\_\_\_\_ to participate in the MMSC Volunteer Program on the terms and conditions set forth above. I have signed this agreement on behalf of \_\_\_\_\_ and certify I am his/her parent or legal guardian.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Legal Guardian's signature \_\_\_\_\_