



MIRA MESA
SENIOR CENTER

Individual Volunteer Participation Agreement

Volunteer's Name _____

Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ Work Phone/Cell (____) _____

Date of Birth ____/____/____ E-Mail Address _____

All Volunteers must be at least 18 years old.

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 (____) _____

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 further certify that I am capable of performing the duties set forth in the position description and know of no physical condition that 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.

____ I agree to abide by those rules and regulations.

Volunteer's Signature _____ Date _____