

City of Rockville
Department of Recreation and Parks

**ROCKVILLE SENIOR CENTER
VOLUNTEER APPLICATION**

Name: _____ Gender: Female Male

Are you over 18? No Yes – If yes, please fill out parental consent form. **Date of Birth:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Work/Other _____

E-mail: _____

Emergency Contact Name: _____ Phone# _____

Please specify area of interest: _____

Where would you like to volunteer? (You may check more than one):

- | | |
|--|---|
| <input type="checkbox"/> Snow Removal (for senior citizens) | <input type="checkbox"/> Translator/ Interpreter:
Language _____ |
| <input type="checkbox"/> Home Maintenance <ul style="list-style-type: none">○ Snow Removal○ Leaf raking○ Lawn cutting | <input type="checkbox"/> Computer Lab/Technology |
| Duty: _____ | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Community Service (Please check off) <ul style="list-style-type: none">○ Rockville Commission Committee○ Rockville Senior Inc. Board (RSI) | <input type="checkbox"/> Thrift Shop <ul style="list-style-type: none">○ Clerk○ Organize Donations |
| <input type="checkbox"/> Annual Holiday Bazaar | <input type="checkbox"/> Garden Plot Helper |
| <input type="checkbox"/> Annual Spring Bazaar (Indoor Yard Sale) | <input type="checkbox"/> Green House (Needed to water plants <u>only</u>) |
| <input type="checkbox"/> Gift Shop <ul style="list-style-type: none">○ Cashier | <input type="checkbox"/> Wednesday Evening Bingo <ul style="list-style-type: none">○ Collect Admission○ Kitchen Duty○ Floor Duty○ Caller |

Note:

*Thank you in advance for your interest.
We try to accommodate all interested
volunteers. Some positions might be more
available to fill sooner than others. ~We
appreciate your patience.*



Availability:

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

Are you willing to be a substitute?

- Yes No

Is your volunteer work to be used towards credit or fulfillment of a community service or school requirement? No Yes, please describe:

Skills and Experience:

Other Volunteer Experience:

Please return this application to:
Rockville Senior Center
1150 Carnation Drive
Rockville, MD 20850

Monday- Friday:
8:30 a.m.-5 p.m.
Office: 240-314-8800
Fax: 240-314-8809

As a volunteer of the City of Rockville, I understand and accept, agree and hold harmless as follows:

That I am volunteering my time and resources to the City of Rockville, and that I will not be compensated nor put on payroll.

Certain injuries resulting from my volunteer work may not qualify for benefits under Maryland Workers Compensation law.

I hereby agree to release and indemnify the Mayor and Council of the City of Rockville and all its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from the participation in the volunteer work I perform.

include the possibility of personal injury and I agree to not hold the City responsible.

I agree to sign this form prior to the commencement of my volunteer activities.

I have read and fully understand the above statements and agree by completing and submitting this form.

Volunteer Parental Consent Form

Volunteer Parental Consent Form I understand that by volunteering my time I am performing a community service and need to act in a safe and responsible manner.

Youth Signature

Date

I understand that my minor child will not be supervised at all times and is responsible for acting in a safe and responsible manner.

Parent Signature

Date