



Leisure Services
10610 W. Oakland Park Blvd. • Sunrise, FL 33351 • P: 954.747.4600 • F: 954.572.2476

SUNRISE SENIOR CENTER VOLUNTEER APPLICATION

CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

ACTIVITIES (CLUBS, ORGANIZATIONS, ETC.): _____

HOBBIES, SPECIAL SKILLS OR INTERESTS: _____

CURRENT OR PREVIOUS VOLUNTEER WORK: _____

TYPE OF VOLUNTEER WORK DESIRED: _____

DAYS OF THE WEEK / HOURS PER DAY AVAILABLE:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____

RELATIONSHIP: _____ PHONE: _____

PLEASE CHECK ANY VOLUNTEER POSITIONS THAT INTEREST YOU:

FRONT DESK AIDE

OFFICE / TELEPHONE AIDE

MAILING STUFFER

LIBRARIAN

SPECIAL EVENTS COMMITTEE

MOVIE HOST / POPCORN

ACTIVITY AIDE FOR MAH JONGG, CANASTA, GAME TIME, CHORUS, ART, ETC.

INSTRUCTOR – CLASS IDEA: _____

MUSICIAN – INSTRUMENT(S) PLAYED: _____

ARTS & CRAFTS INSTRUCTOR – WHAT PROJECT?: _____

TRIPS / OUTINGS – DO YOU HAVE CPR / FIRST AID TRAINING?: YES NO

PLEASE PROVIDE TWO PERSONAL OR BUSINESS REFERENCES:

NAME #1: _____

PHONE: _____ YEARS KNOWN: _____

NAME #2: _____

PHONE: _____ YEARS KNOWN: _____

RELEASE:

I hereby release and agree to indemnify and hold harmless the City of Sunrise, the Department of Leisure Services, and any official employee or volunteer of the City of Sunrise against any and all claims resulting from participation in this program, with my knowledge that by participating in this activity, I assume any risk of injury. I hereby give permission to the City of Sunrise to use and display any photographs taken of me, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City of Sunrise. I hereby give permission to receive any necessary medical treatment for injury or sickness, outpatient care and/or in-hospital treatment.

SIGNATURE OF VOLUNTEER: _____ DATE: _____

VERIFICATION:

SIGNATURE OF VOLUNTEER COORDINATOR: _____ DATE: _____

SIGNATURE OF RECREATION SUPERVISOR: _____ DATE: _____

PLEASE RETURN THIS COMPLETED APPLICATION TO:

Sunrise Senior Center, 10650 West Oakland Park Boulevard, Sunrise, FL 33351
(954) 746-3670