

BSBAC Volunteer Form

(Please Print Clearly)

Name: _____ DOB: ____/____/____
Home Phone: _____ Cell Phone: _____ Gender: M / F
Email: _____ Student: Yes / No School attending: _____
Street Address: _____ City: _____ Zip: _____
Texas Driver's License: _____ Automobile Insurance Company: _____
Policy #: _____
May we contact you by email or phone when we have a volunteer need? Yes / No
Please list any languages that you speak: _____ Are you a Veteran? _____
Please list any specialty licenses / certifications you hold: _____

Emergency Contact: _____
Name Phone Number

Release of Liability

I certify that I am volunteering in Programs and Activities sponsored at or by the Bulverde Senior Center voluntarily and I fully understand what is involved in participation.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in Bulverde Senior Center activities. I hereby release Bulverde Senior Center and its officers, employees, or agents from any liability, costs and damages resulting from my participation in the various programs.

I further certify that I have read the foregoing document, I understand and agree to its terms and conditions and that I make this application and waiver voluntarily.

Signature: _____ Date: _____

Confidentiality Statement

I understand and agree that in the performance of my duties as an employee/volunteer of the Bulverde Senior Center Meals on Wheels Program, I must hold client information in confidence. Further, I understand that intentional or involuntary violation of such confidentiality may result in violation of law.

Signature: _____ Date: _____

Please check volunteer opportunities that interest you.

- 5K (May)
- Accounting
- Activity Assistant / Instructor
- Bingo
- Bread Run
- Miscellaneous Community Service, as needed
- Craft Show (Spring/Fall)
- Fellowship Meal Pickup
- Gift Shop
- Grammy's Kitchen
- Kitchen Help
- Maintenance
- Meals on Wheels (Mon—Fri)
- Office Help
- Style Show (July)
- Winter Dance (February)
- Yard Services
- Other _____
please specify

Please check times that you may be available.

- Mornings
- Afternoons
- Evenings
- Weekends
- Summer/Holiday Break
- Other/Days _____
please specify times

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and your interest in volunteering with us.