

VOLUNTEER FORM-2023

MADISON SENIOR CENTER



Date: _____

PERSONAL INFORMATION-PLEASE PRINT IN PEN

Applicant Name : _____
Last First

Date Of Birth :
M M D D Y Y Y Y

Address : _____

City : _____ State : _____ Zip : _____

County : _____

Home Phone : _____ Cell Phone : _____

E-Mail : _____

Areas of Interest : _____

Driver's License # : _____ Driver's License Exp. Date : _____

(M.O.W. Drivers Only)

EMERGENCY CONTACT(S) INFORMATION

Name : _____

Name : _____

Home Phone : _____

Home Phone : _____

Cell Phone : _____

Cell Phone : _____

Relationship : _____

Relationship : _____

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This page is optional.

PAST OR PRESENT MEDICAL HISTORY: (CIRCLE ALL THAT APPLY TO YOU)

- | | | | |
|------------------------|------------------------|---------------------------------------|-------------------------|
| Alcohol/Drug problem | Emphysema/COPD | Liver Disease | Blood Clots |
| Anemia | Heart-Attack | Osteoporosis | Multiple Sclerosis (MS) |
| Alzheimer's (ALS) | Heart-Other | Prostate problem | Sleep Apnea |
| Arthritis | Fibromyalgia | Parkinson's Disease | Headaches/Migraines |
| Asthma | High Blood Pressure | Psychiatric Disorder
(Please List) | Hepatitis |
| Atrial Fibrillation | High Cholesterol | Seizure Disorder | Vision Impairment |
| Dementia | Hypothyroidism (low) | Stroke | Vertigo |
| Diabetes | Hyperthyroidism (high) | STD/HIV/AIDS | Balance/Fall Risk |
| Cancer-
Type: _____ | Kidney Disease | Other: _____ | |
| | Other: _____ | | |

MEDICATIONS: LIST PRESCRIBED & OVER-THE COUNTER MEDICATIONS.

DRUG NAME:

DOSE & DIRECTIONS:

REASON:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

ALLERGIES: LIST ANY KNOWN ALLERGIES.

1. _____
2. _____
3. _____

Information on this page will only be shared with EMS in an event of an emergency at the MSC.
The more EMS knows about your medical history the better they can serve you.

THANK YOU FOR YOUR INFORMATION



Madison Parks & Recreation

National Background Screening Consent/Release Form

Applicant's **Legal** Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. A criminal report may be obtained at any time after receipt of your authorization and, if you are approved, throughout your duration as a support staff member.

Have you volunteered for any of the following organizations within the last year?

- | | |
|--|---|
| <input type="checkbox"/> Madison Baseball Association | <input type="checkbox"/> Madison Softball League |
| <input type="checkbox"/> Madison Youth Football & Cheer | <input type="checkbox"/> MAA Football |
| <input type="checkbox"/> Madison Dolphins Swim Team | <input type="checkbox"/> Madison Swim Association |
| <input type="checkbox"/> City of Madison Basketball League | <input type="checkbox"/> Alliance HR Staffing |
| <input type="checkbox"/> Madison Senior Center | |

Print Name: _____ Date: _____

Signature: _____



Madison Senior Center-1282 Hughes Road- Madison, AL 35858

Rules and Regulations for Appropriate Behavior

These rules and regulations are to be a guideline of what is expected of everyone while attending the Madison Senior Center. Inappropriate behavior and misconduct may result in action up to, and including termination of participant eligibility rights.

The following is appropriate conduct within the center, in city vehicles, and center-sponsored outings:

1. Treating all staff, participants, and guests in a courteous manner.
2. Refraining from behavior and conduct that is offensive or undesirable.
3. Maintaining cleanliness and personal hygiene.
4. Respecting the property of center and others.
5. Complying with all health, safety, and security regulations.
6. Reporting to management any threatening or potentially violent behavior by staff or other participants.

The following is prohibited conduct within the center, in city vehicles, and center-sponsored outings:

1. Being argumentative with staff, participants, or guests of the center.
2. Not complying with rules set forth by the center director.
3. Intentionally destroying personal or center property.
4. Using language in a manner that offends, shocks, or is intended to insult.
5. Communicating any false, vicious, or malicious statements concerning the center, another person, or the organization.
6. Engaging in or threatening acts of violence, including but not limited to:
 - a. Unauthorized possession of firearms or other weapons in or around the senior center property.
 - b. Threatening or intimidating staff, guests, or participants of the center.
 - c. Hitting ones fist into the palms of hands, or on tables – intimidating behavior.
 - d. Making remarks about others in the center.

The examples of prohibited conduct described above are not intended to be an all-inclusive list.

At the Madison Senior Center's discretion, any violation of the center's policies or any conduct considered inappropriate or unsatisfactory will subject the participant to disciplinary action. The disciplinary action will be determined by the center director and staff and will be based upon the severity of the offense. This action could result in the participant's loss of attendance, or even permanent banishment from the center. All offenses will be documented by the center director and maintained in the client's records for future reference.



Madison Senior Center-1282 Hughes Road- Madison, AL 35858

I, _____, the undersigned have received a copy of the Madison Senior Center Rules and Regulations for Appropriate Behavior guidelines. I have been given the opportunity to read and understand this information. If I have any questions regarding the rules and regulations after reading the guidelines, I may contact the senior center director or the county Nutrition Coordinator for clarifications.

Participant's Signature

Date

Center Director's Signature

Date

STATE OF ALABAMA

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RELEASE OF CLAIMS BY VOLUNTEER

COUNTY OF MADISON

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KNOW ALL MEN BY THESE PRESENTS that the Undersigned, being of lawful age, for the consideration of being allowed to volunteer with the City of Madison Municipal Court, does hereby and for his heirs, executors, administrators, successors, and assigns, forever release, acquit, and discharge the City of Madison, Alabama, a municipal corporation, and its agents, servants, successors, assigns, and all other persons, departments, officers, officials, and employees of the City of Madison, Alabama, from any and all claims, actions, causes of action, demands, rights, damages, costs, losses of service, expenses, or compensation whatsoever, which the Undersigned now has or which may accrue on account of or in any way grow out of any and all known or unknown, foreseen or unforeseen personal and bodily injury as well as any and all property damage and any consequences resulting or to result therefrom which arise from any action or inaction, whether individually or collectively made. The Undersigned also will not allow any such claims to be made on his behalf by any family member or friend.

The Undersigned declares and represents that he has voluntarily requested to perform the functions stated below and that there has been no promise, warranty, agreement, offer or inducement made to the Undersigned by the City of Madison or by any official, employee, or other agent of the City to provide benefit, remuneration, compensation, or reimbursement of any kind to the Undersigned in exchange for his voluntary performance of such functions. The Undersigned further declares and acknowledges that he is not an employee or agent of any kind of the City of Madison and can have no claim for compensation, insurance, worker's compensation, or any other related benefit or claim at any time. It is also acknowledged by the Undersigned's signature below that no contract or agreement shall be made or entered into or attempted to be made or entered into by the Undersigned on behalf of the City of Madison; that the City of Madison may not become obligated in any way because of the actions of Undersigned; and that the Undersigned has no authority whatsoever to bind the City of Madison in any way, contractually or otherwise.

The Undersigned further declares that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital. The Undersigned hereby further agrees that it will hold the City of Madison harmless from any claims of any nature arising directly or indirectly from any incident which occurs as a result of the work made the subject of this Release.

The Undersigned hereby further declares that any privileged information obtained during the course of the volunteer work mentioned herein will not be divulged to anyone at any time. There will be no divulgence of privileged information while volunteering with the City of Madison Municipal Court nor when the volunteering has ceased. It is understood by the Undersigned that his violation of this provision may subject him to civil liability and he hereby specifically indemnifies and releases the City from any and all liability that arises from his

disclosure of privileged or confidential information obtained during the course of volunteering with the City of Madison Municipal Court.

The Undersigned has read this release, fully understands it prior to signing it and, by affixing his signature hereto, warrants that he is under no duress or undue influence to execute said document and, further, that he signs such Release freely and voluntarily.

Done this ____ day of _____, 20__.

Volunteer

Printed Name

TO BE COMPLETED BY CITY REPRESENTATIVE ONLY

Description of Volunteer Work to be Performed

Date Volunteer Work is to Begin _____ ***End*** _____

Department Head: _____ ***Date:*** _____