

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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COUNTY OF MADISON

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VOLUNTEER AGREEMENT AND RELEASE
(Parent/Guardian of Minor Volunteer)

KNOW ALL MEN BY THESE PRESENTS that I, the Undersigned, as the parent and/or legal guardian of _____, a minor, (hereinafter "Minor") do hereby jointly and severally acknowledge that I have read and understand this **Volunteer Agreement and Release** and that I do voluntarily execute the same on behalf of Minor. Further, I hereby state that I do consent to and give permission for Minor's volunteer performance of the below-described work with the City of Madison, Alabama, a municipal corporation (hereinafter "City").

In exchange for the consideration of Minor being granted the opportunity to perform such volunteer work for the City, I hereby, for myself and my heirs, executors, administrators, successors, and assigns, and on behalf of Minor and for his heirs, executors, administrators, successors, and assigns, forever hold harmless, release, acquit, and discharge the City 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 I or the Minor now have 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 injuries as well as any and all property damage and any consequences directly or indirectly resulting, or to result, therefrom which arise from any action or inaction, whether individually or collectively made. I also will not allow any such claims to be made on my behalf, or on the Minor's behalf, by any family member or friend.

I declare and represent that the Minor has voluntarily requested to perform the contemplated work and that there has been no promise, warranty, agreement, offer or inducement made to me or to the Minor by the City or by any official, employee, or other agent of the City to provide benefit, remuneration, compensation, or reimbursement of any kind to me or to the Minor in exchange for Minor's voluntary performance of such functions. I further declare and acknowledge that Minor is not an employee or agent of any kind of the City and that neither I nor Minor can have any claim for compensation, insurance, worker's compensation, or any other related benefit or claim at any time. It is also acknowledged that the acceptance of the City of the Minor for the contemplated volunteerism shall not convey to Minor the ability to contract on behalf of the City and I hereby acknowledge and agree that Minor shall not make or enter into, or attempt to enter into, any agreement on behalf of the City; that the City shall not become obligated in any way because of the actions of Minor; and that Minor has no authority whatsoever to bind the City of Madison in any way, contractually or otherwise.

On behalf of Minor, I acknowledge and aver that any privileged information obtained during the course of the volunteer work contemplated herein shall not be divulged to anyone, including parents and other legal guardians or agents, at any time, either while volunteering with the City or when the volunteering has ceased. I understand that Minor's violation of this provision may subject either or both of us to civil liability and, for myself and on behalf of Minor, I hereby specifically indemnify and release the City from any and all liability that arises in the event of Minor's disclosure of privileged or confidential information obtained during the course of volunteering with the City, regardless of the source from which it originated.

This **Volunteer Agreement and Release** contains the entire agreement between the parties hereto and its terms are contractual and not a mere recital. I have read it, I do fully understand it prior to signing it and, by affixing my signature hereto, warrant that I am under no duress or undue influence to execute said document and that I sign the same freely and voluntarily.

Done this ____ day of _____, 20 ____.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

TO BE COMPLETED BY CITY REPRESENTATIVE ONLY

Department to be Served: _____

Purpose of Volunteerism:

Description of Volunteer Work to be Performed:

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

Department Head: _____ **Date:** _____

MINOR'S INFORMATION

Name (please print)

Date of Birth

Current Address

City/State/Zip

Cell Phone

Other Phone (please designate)

Primary E-mail Address

Secondary E-mail Address

I, _____, the above-referenced Minor, do hereby state my full acknowledgment and understanding of the foregoing requirements, terms, and conditions of my volunteer work as they are set out in this Agreement. I have reviewed and read this document with my parent/guardian and I understand my responsibilities as the Minor and volunteer and hereby state that I am willing and able to fulfill each of them in exchange for the opportunity to work as a volunteer with the City of Madison, Alabama.

Minor Signature

Date

EMERGENCY CONTACT INFORMATION

Name/Relationship/City/State of Emergency Contact

Phone Numbers for Emergency Contact (please provide more than one)

Additional Emergency Contact Information

