

Volunteer Application

We're so happy you're interested in volunteering with the Gresham Senior Center! Please complete and sign the form below. Our Center runs on volunteer power, so we welcome your participation in any of our activities and events you're interested in. This form will help us discover your interests and how you'd like to volunteer with us.

Name:		Birthday:
Phone #:	E-mail:	
Street Address:		
City:	State:	Zip:
Do you have medical issues you'd li	ike us to be aware of?	
Emergency Contact Name		Relationship
Their best contact information:		
up for classes and activities, office	work, working in our Bout website, helping with our	hing a class about, setting tique, assisting our reception desk, newsletter, or something completely
What is your preferred time frame	and day(s) to volunteer?_	
When can you start?		
compensation for any of your volunteer of myself participating in Gresham Seni print and digitally. I indemnify and hold respect to any and all claims, injuries, a	participation. By signing this ior Center (GSC) activities to I harmless the GSC, its agentand costs associated with mys. I voluntarily participate in 0	volunteer you will not receive any financial s form, I authorize the use of photos or videos be used in GSC marketing materials both in ts, staff, instructors, and volunteers with participation in any and all GSC activities, GSC activities and assume the responsibilities o myself.
YOUR SIGNATURE		DATE