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**VOLUNTEER SKILLS:** We are interested in knowing skills & talents which may help us in finding a role that best meets your interests. However, please note that placement will depend on your availability and program schedule.

**Please check the language(s) in which you feel comfortable speaking, reading, or writing:**

English                      Spanish  
Vietnamese  
Chinese/Mandarin  
Other

**Please check all the activities in which you feel you are skilled at or enjoy doing in your free time:**

Literacy, reading, writing, books, etc.  
Sports, fitness, dance, playing outdoor games  
Cooking, baking, nutrition, etc.  
Arts & crafts, drawing, painting, music, etc  
Photography, creating videos, digital media  
Computers, networking, troubleshooting, etc.  
Science activities or creating/building things  
Other

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**VOLUNTEER AVAILABILITY:** Please let us know which days and times you wish to volunteer. If you wish to volunteer for a specific program or activity, it may be helpful to look at our program schedule when completing this section.

Monday	Starting at:	Ending at:
Tuesday	Starting at:	Ending at:
Wednesday	Starting at:	Ending at:
Thursday	Starting at:	Ending at:
Friday	Starting at:	Ending at:
Saturday	Starting at:	Ending at:

**PLEASE NOTE:** If you are uncertain of your schedule, please estimate the days/times you think you will be able to volunteer. We can review and confirm your volunteer schedule during the orientation meeting so don't worry if you need to make future changes.

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**REFERENCES:** Please provide at least two references. Please note that if you need verification of your hours for school or work, you need to include contact information for the course you are completing hours for or the employer who will match your volunteer hours.

**Professional reference** - If you are currently employed, please list your work information.

**Employer/Company Name**

**Type of work or position at employer**

**Supervisor's First & Last Name**

**Contact Number**

**Educational Reference:** Please list the professor or course for which you need verification of your service hours. If you are no longer in school, please list the last school you attended and your area of study.

**School Name:**

**Area of study and/or your major/minor**

**Course for which you need volunteer hours**

**Professor's First & Last Name**

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## **EMERGENCY CONTACT**

**Salutation**

**First Name**

**Last Name**

**Phone Number**

**E-mail**

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# VOLUNTEER AGREEMENT/CONSENT

**As a volunteer at the Third Street Community Center (TSCC), I hereby confirm that:**

1. I shall indemnify and hold harmless TSCC, its officers, employees, and agents against all suits, actions, claims, causes of action, costs, demands, judgments, damages, liens and/or liabilities arising from: a) Any noncompliance with applicable federal, state and local laws, ordinances, codes, and regulations; and b) Any torts committed by me in performing a volunteer activity
2. I understand that the materials and tools provided by the TSCC are and remain the property of the TSCC, and TSCC will own all right, title and interest relating to any and all works of authorship, mask works, designations, designs, know-how ideas and information made or conceived or reduced to practice, in whole or in part, that relate to the subject mater of, or arise out of, my service.
3. I am aware that I may be required to stand or walk for up to two hours, lift or carry up to 30 pounds, and that I will exercise reasonable care to avoid injury because I understand the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. I understand that in case of injury, accident, or illness to me arising from my involvement as a volunteer, I authorize TSCC to seek emergency medical treatment on my behalf. I understand that TSCC has no insurance covering such medical costs and, therefore, any costs for treatment shall be my/our sole responsibility.
5. I understand that I may be required to provide a TB clearance if I am to volunteer over 45 hours working with minors or in a task involving food, and that I will provide such proof prior to beginning my volunteer work. .
6. I understand that I may be required to undergo a background check if I serve a role that has supervisory or disciplinary authority over minors, and that I will comply with such request prior to beginning my volunteer work.
7. I understand that falsification or significant omissions of any information may be considered justifications for dismissal if discovered at a later date.

**By signing below, I confirm that I have read and understood the restrictions outlined above and that all information provided on this application is accurate.**

**Volunteer Applicant Signature** (If you are a minor, a parent must also sign below)

**Date**

**NOTE: Minors, please ask staff for a Minor Consent Form.**

**Parent of Minor Signature** (only if you are under 18 years old)

**Date**