



Camano Center volunteer opportunities are listed below. Feel free to e-mail (lbrents@camanocenter.org), call, or drop off this form next time you are at the Center. You will be placed in our database and will be contacted by our volunteer coordinator.

Name: _____
E-Mail _____ Phone Number: _____

Please check off your areas of interest.

<input checked="" type="checkbox"/>	Volunteer Opportunity	Brief Description
<input type="checkbox"/>	Building Committee	Oversees the Center and Thrift Store structures.
<input type="checkbox"/>	Decoration	Help decorate and remove decorations at the Center for holidays, dances, and special events.
<input type="checkbox"/>	Down to Earth Gardeners	2 nd Mon. of the month, 10 am. Assist in maintenance and care of grounds.
<input type="checkbox"/>	Driver – Volunteer Chore Program.	On call basis, drive clients to medical appointments. Applicants are screened by the state and drivers are compensated for mileage
<input type="checkbox"/>	Finance Committee	Oversees all financial issues within the Center and Thrift Store.
<input type="checkbox"/>	Green Team (Ways and Means Committee)	Meet 3 rd Thurs. of every month. Organize and staff fund raising events that support the Center.
<input type="checkbox"/>	Handcrafters	Mondays 10 am – 2 pm. Make handcrafted items to sell that benefit the Center.
<input type="checkbox"/>	Handy Helper	On call basis, help with painting/maintaining/odd chores at the Center.
<input type="checkbox"/>	Lunchroom Helper	Mon, Wed, & Fri, 11 am – 1 pm, set up/clean up lunch.
<input type="checkbox"/>	Meals On Wheels	Deliver lunch meals Mon, Wed, & Fri to homebound seniors. Applicants are screened by the state and drivers are compensated for mileage.
<input type="checkbox"/>	Membership Committee	Assist in new member drives.
<input type="checkbox"/>	Newsletter – Mail prep	Once a month for a few hours, help fold & attach mailing labels.
<input type="checkbox"/>	Newsletter – Writer	Write articles/submit information for monthly newsletter.
<input type="checkbox"/>	Office Helper/Receptionist	4-8 hours a week depending on needs at the Center.
<input type="checkbox"/>	Second Chance Thrift Shop	3 hours a week. Time commitment may be tailored individually.
<input type="checkbox"/>	Store Committee	Oversees the Second Chance Thrift Store
<input type="checkbox"/>	Tax Preparation	Assist the AARP Tax aides, once or twice a week, Feb-Apr.
<input type="checkbox"/>	Volunteer Committee	Oversees volunteer program.
<input type="checkbox"/>	Suggestion? Please write in	

In the event you are called for volunteer activity, please fill out your emergency contact information below:

#1 Contact Name: _____
Relationship: _____ Phone Number: _____

CAMANO ISLAND SENIOR SERVICES ASSOCIATION
606 Arrowhead Rd., Camano Island
VOLUNTEER REGISTRATION

Date: _____

Name: _____
LAST FIRST MIDDLE

Phone Number: _____ Date of Birth: _____

Address: _____

How did you learn about the Camano Senior Services volunteer program _____

Why do you want to volunteer? _____

Level of education completed _____

Computer Experience: yes no Special Training: yes no

If yes, please explain: _____

What type of volunteer work interests you _____

Time available to volunteer: Hours per week: _____ Specific days or times: _____

Do you have any physical limitation that we should be aware of _____

VOLUNTEER CONFIDENTIALITY AGREEMENT: As a volunteer for CSSA I understand that I may be exposed to privileged information that is part of a client's personal or private life.

I agree that observing client confidentiality is a condition for being a volunteer. I agree that I will not discuss a client's affairs or problems with anyone other than the Volunteer Coordinator of the center director and then only if I believe it is necessary for the health and/or safety of the client or other persons associated with the client.

VOLUNTEER SIGNATURE _____ DATE _____

*
FOR OFFICE USE ONLY:

Interviewed by: _____ Date: _____

Volunteer area agreed on: _____

Comments: _____
