



Burleigh County Senior Adults Program

315 N 20th Street
Bismarck, ND 58501
701-255-4648
www.BismarckSeniorCenter.org

Volunteer Enrollment Form

Name: _____

Address: _____

City/ST/Zip: _____

Preferred Phone: _____ Alt. Phone: _____

Email: _____

Male Female

Any limitations: Yes No

Comments about limitations: _____

Days/hours available to volunteer:

8:00 - 11:00 am 11:00 - 1:00 pm 1:00 - 3:00 pm Any time/Other

Monday Tuesday Wednesday Thursday Friday

Areas I Am Interested in Volunteering

Nutrition:

- Program & Services Coord. Desk Asst.
- Home Delivered Meal Assembly
- Home Delivered Meal Driver
- Dining Room Asst. (pour coffee, clear tables, etc.)
- Coffee Bar

Administrative:

- Library
- Burleigh County Council on Aging
- Advisory Committee
- Gift Shop

Activities:

- Billiards
- Cards (pinochle, bridge)
- Bunco/Bingo
- Choir
- Miscellaneous/Other _____

Fitness/Exercise:

- Exercise/Fitness Class Leader

Honor Society/High School or College Student

Personal Emergency Contact (Required)

Name: _____ Relationship: _____

Address: _____ City/ST/Zip: _____

Preferred Phone: _____ Alt. Phone: _____

Workforce Safety & Insurance Coverage

Please provide :

SSN: _____

DOB: _____

Failure to provide SSN & DOB results in forfeiting coverage through us.

Opt Out

Transportation

Do you drive a car? Yes No

I understand that if I use my personal automobile to and from my volunteer work station, I will keep my driver's license valid and carry automobile liability insurance equal to or greater than the minimum required by the state in which I live. Yes No

I am at least 70 years old and will need to utilize transportation through Bis-Man Transit. Yes No

BCSAP has funds to provide rides on Bis-Man Transit to and from the Burleigh County Senior Center on the days the volunteer works 2 or more hours. It is the volunteer's responsibility to obtain a Bis-Man Transit Rider Card and make all ride arrangements. See the Administrative Office for more information.

Background Check

I understand that Burleigh County Senior Center conducts background checks on all volunteers. I give permission for Burleigh County Senior Center to conduct a background check on me.

Yes No

Volunteering Opportunities/Experiences

Please list any previous volunteer opportunities/experiences you have had that you would be interested in sharing and/or leading a group, i.e. Grief Support Group: _____

Promotional Materials

I give permission for BCSAP to use any pictures taken of me during volunteer work for the purpose of promoting the program through brochures, Facebook, etc. Yes No

Acknowledgement of Enrollment

By checking this box, I agree to terms and conditions set by BCSAP.

Signature of Volunteer

Date

For Those Under 18: Signature of Parent/Guardian

Date

Signature of BSCAP Staff

Date