



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: _____ Date of Birth: _____

Email: _____ Gender: 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 (8a-11a)
- Home Delivered Meal Driver (10:30-12p)
- Dining Room Asst. (pour coffee, clear tables, etc.) (11a-1p)
- Coffee Bar (8a-11a)

Administrative:

- Library
- Burleigh County Council on Aging
- Advisory Committee
- Crescent Manor/Wing/Sterling Volunteer

Activities:

- Billiards
- Cards pinochle, bridge, etc.
- BUNCO
- BINGO
- Miscellaneous/Other: _____

Fitness/Exercise:

- Exercise/Fitness Class Leader

Other:

- Honor Society/High School or College Student

Personal Emergency Contact (Required)

Name: _____ Relationship: _____

Phone: _____ Alt. Phone: _____

Transportation (HDM Drivers)

Do you drive a car? Yes No

I understand that if I use my personal automobile for my volunteer work 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

Will you need transportation via the Senior Center Shuttle? Yes No

Workforce Safety & Insurance Coverage

WSI may cover a personal injury you obtain while volunteering; however, damage to a vehicle due to an accident, is not covered under WSI or BCSAP insurance policies. The driver must carry vehicle insurance. If you would like WSI coverage, please provide your social security number and date of birth. Please Note: if you are volunteering on behalf of your employer, you must select 'OPT OUT', as you would be covered under your employers WSI insurance.

SSN: _____ DOB: _____ Opt Out

Background Check

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

Yes No

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. Yes No

Signature of Volunteer

Date

For Those Under 18: Signature of Parent/Guardian

Date

Signature of BSCAP Staff

Date