



"Building a strong community by providing space for special events and a resource for basic needs, job training and volunteer opportunities"

BCC is a 501(c)3 non-profit organization

Taffy Gleason, Director
ph: 541-312-2069
fax: 541-312-2084
1036 NE 5th Street
Bend, OR 97701

em: info@bendscommunitycenter.org

web: www.bendscommunitycenter.org

Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ Phone (Eve): _____ Cell phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Past Volunteer Experience (include organization/agency, position, and supervisor phone/email)

Employment (include most recent: company, position, supervisor phone/email)

Days available for volunteering (circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Frequency of volunteer availability: (weekly, semi-weekly, monthly, etc.)

How would you like to help BCC?

VOLUNTEER AGREEMENT

Bend's Community Center agrees to accept the services of _____ beginning: _____

And we commit to the following:

1. To provide accurate information, training and assistance
2. To ensure supervision and provide job assessment feedback
3. To respect the skills and individual needs of the volunteer

I, _____ agree to service as a volunteer and commit to the following:

(volunteer name)

1. To perform volunteer duties to the best of my ability
2. To adhere to agency rules, policies and procedures, including record keeping requirements and confidentiality of agency and client information
3. To meet time and duty commitments or provide adequate notice so that alternate arrangements can be made

Volunteer

Date

BCC Staff Representative

Date

(over for liability waiver)

Bend's Community Center

Volunteer Release, Indemnity and Waiver of Liability

I understand and accept that there are inherent risks involved in participating in any volunteer program.

I freely and voluntarily agree to accept any and all such risks of loss, injury, death and/or damage to me, my family or my property, and all other risks associated with my decision to volunteer for Bend's Community Center.

I understand that Bend's Community Center's Board of Directors and Staff disclaim any responsibility or liability for any losses or injuries to me, my family, and/or my property.

In consideration of Bend's Community Center permitting me to volunteer, I hereby release, indemnify and hold harmless Bend's Community Center, its agents, officers, directors and employees, from and against any and all liabilities, claims, demands, action, damages, costs, losses, expenses and causes of action, of whatever kind or nature (including any injury caused by negligence) that may arise, directly or indirectly, from or in connection with my participation in, and specifically waive any claim(s) or cause(s) of action I have or may have in connection therewith.

Print Name: _____

Signature: _____ Date: _____

If the volunteer is under the age of 18, the signature of the parent or guardian below signifies that the parent or guardian has read and accepted the above terms and conditions.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____