

Volunteer Agreement

(A non-medical social engagement program)

| Address: Cell #: | Name: | Date: |
|---|--|---|
| Phone #: Phone #: Phone #: Have you ever pleaded "guilty or no contest" to, been placed in a diversion program for, or been convicted of any prime other than a minor traffic violation? Yes No f yes, please give details: What special skills do you bring to the program? Please identify where you are interested in volunteering your time: Mobile Respite - 1st Tues. "On The Road Again" (11:00 a.m 3:30 p.m.) Social Engagement Program - 3rd Tues. "Our Club" (11:00 a.m 3:30 p.m.) You do not have to commit to the entire time to the programs above Fundraising - Marketing Planning or Event Assistant Presenting - What type of one hour activity/program can you offer for Our Club-day program? What time period do you prefer for your presentation: 1:00 - 2:00 pm or 2:00 - 3:00 pm One-on-One Caregiver Support Mentoring - Describe your experience with caregiving for someone with | Address: | |
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Acknowledgements

| I agree that in my course of volunteering for the A Different Mindset Association (ADMA), I will not discuss any of the seniors' information regarding health, finances, living conditions, etc. Any information I receive will be considered confidential information. | | | |
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| | Initial | | |
| I agree to not accept any gratuity/gifts from the recipients. | Initial | | |
| I agree not to participate in any political activity with the seniors that I volunteer with. | Initial | | |
| I agree to have my photo/video taken and give permission for it to be utilized to promo | ote the program. Initial | | |
| I understand I am to notify an ADMA member or program director if a senior has falle unresponsive. | en, is in medical distress, or is | | |
| | Initial | | |
| *We strongly encourage vaccinations for self-protection, but they are not required. | | | |
| | | | |
| Volunteer signature: Date:_ | | | |