Volunteer Application Form

OPC Social & Activity Center

650 Letica Drive, Rochester, MI 48307 | 248-608-0270

Please Print

Name _____ Application Date _____
Last First MI

Address _____ City _____

State _____ Zip _____ Date of Birth _____

E-Mail Address _____ Home Phone _____

Cell Phone _____

Information needed for Background Check:

Male ____ Female _____ **Race:** White _____ American Indian or Alaska Native _____

Black/African American _____ Asian or Pacific Islander _____

Please indicate the days and times you are available.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Mornings						
Afternoons						
Evenings						

Emergency Contact: _____ Phone # _____ Relationship _____

Volunteering is required for:

☐ School ☐ Court Ordered (Call Volunteer Office for Appt.)

☐ Work Requirement ☐ Other _____

Middle/High School / College Students:

School _____ Graduation Year _____

Major: _____

All Volunteers:

Please list any specific areas you are interested in volunteering in and/or teaching/facilitating:

_____

_____

_____

Do you speak any languages other than English? Yes __ No __ If yes, please list _____

(Over)

For Meals on Wheels Delivery: Please provide two personal references. Do not list relatives.

Name	Phone
Name	Phone

Date available to start: _____

Photo Release:

I hereby consent to and authorize the use and reproduction by OPC Social & Activity Center of any and all photographs and any other audio/visual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or any other use for the benefit of OPC

Yes No (circle one) Initials (Parent/Guardian if under 18): _____ Date: _____

If you have been convicted of a crime or have charges pending you may not deliver meals.

I certify that the statements made in this Volunteer Application are true and correct and have been given voluntarily. I understand and agree that submitting this application does not automatically register me as an OPC volunteer and that there is no salary or compensation for my services as a volunteer. I authorize the OPC Social & Activity Center to complete a criminal background check and contact the references provided. I release the OPC and references from damages due to furnishing such information

Confidentiality Statement

I understand the information I receive about OPC Social & Activity Center clients or proprietary information while volunteering is confidential, and names, addresses and phone numbers may not be revealed to any other persons or organizations. No solicitation of any sort is permitted. This includes, but is not limited to religious materials, promotion of a business, and sales or service of products.

Print name _____ Signature _____ Date _____

Signature of parent/guardian if under 18 years _____ Date _____

Please return this form to OPC.

Volunteer Office Use Only

Date application received _____ Background check date_____

Referred to _____ Date _____

Position(s)

Interviewed By _____ Handbook Given ☐

☐ Entered in ServTracker Initials/Date:_____

☐ Entered in MSC Initials/Date:_____

Special Notes: