



New Member Application and Agreement

\$35.00 per person/per year.

Date: _____

Mr/Mrs/Ms _____

(Circle one please. One application per member. Please PRINT all information clearly.)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I live within the CITY LIMITS of Sequim: Yes ___ No ___

Home Phone # _____ Cell Phone # _____

E-MAIL ADDRESS: (Print clearly) _____

Check one: I prefer to receive my monthly newsletter by Regular US Mail ___ by E-mail in Color ___

DATE OF BIRTH: ___/___/___ (Circle) Male / Female

(All information is kept confidential. Birthdate is requested for statistical purposes related to grant funding.)

Welcome! We hope you enjoy making new friends and participating in our many activities, classes, trips and volunteer opportunities.

Hold Harmless Agreement:

I freely and knowingly assume the risks inherent in my participation in all activities, including exercise classes, travel, and volunteer duties. I do hereby agree to indemnify, release, and hold Sequim Senior Services, a WA non-profit corporation, doing business as Sequim Senior Activity Center, its employees, volunteers, officers, board members and any other persons or organizations harmless from and against any and all liability for negligence which causes any injury, loss of property, damages, or death, which may be suffered by me arising out of, or in any way connected with volunteering or participating in any activities at the center, center-sponsored activities at other locations, or while traveling with the center, in the center's bus, or under its auspices. Specifically, I understand that Sequim Senior Services provides no medical insurance, and that I am responsible for the cost of treatment for any injury to me.

Furthermore, I acknowledge that, whether I have any current physical or mental ailments or conditions or not, that I am being strongly advised to consult a licensed physician prior to my participation in the activities that I have chosen, to determine their suitability and safety given my current medical condition.

Photos/Video/Audio Release:

I am aware that center activities are occasionally photographed by center representatives, the media, and others, and that still photos, and/or audio and video recordings may be made to help promote the center's non-profit mission, and fundraising efforts. By joining, I hereby give my permission for me to be photographed and recorded while participating in Sequim Senior Activity Center activities.

Member Signature _____ Date _____

Emergency Contact _____ Phone _____

Optional: Physician/Medications/Conditions paramedics should know about in an emergency:

Volunteers are the heart and soul of our center.

If you would like to volunteer your talents to our organization, please check those areas where you would like to help on the questionnaire on the back of this form.

Sequim Senior Activity Center, is operated by Sequim Senior Services, a WA Non-profit Corporation. We are a registered charity with the State of Washington, #24338. Donations are tax deductible under IRS section 501(c)3, federal tax ID number 91-1355592.

Please return this form, your dues, and any optional donation to:

Sequim Senior Activity Center, 921 E. Hammond St., Sequim, WA 98382.

VOLUNTEER QUESTIONNAIRE, Sequim Senior Activity Center

NAME OF VOLUNTEER: _____

PHONE # _____

ACTIVITIES OF INTEREST

(Please check)

SPECIAL INTEREST

- 1 Serve on the Board
- 2 Membership Committee
- 3 Finance & Accounting
- 4 Newsletter Publication (work w/editor in
Microsoft Publishing)
- 5 Publicity Committee
- 6 Web Page updating
- 7 Welcome Committee
- 8 Teach a Computer class
(Beginning/Intermediate or Advanced)
- 9 Teach a _____ class or start a new project
(We welcome your talent(s) & expertise)

OFFICE (DESK) VOLUNTEER

(Three hour shifts once a week, am or pm)

- a. I would like to work at the front desk
am _____ pm _____
- b. I have computer skills in _____

HEALTH RELATED ISSUES

(Circle one that relates)

- a. Take Blood Pressure
- b. Emergency Response Committee
- c. Teach a Health related class
- d. I am a retired/currently licensed
(physician, nurse, dentist, etc.) _____

SPECIAL EVENTS

- 12 Bake for special events
- 13 Decorate for special events
- 14 Events Set-up: tables, chairs
- 15 Book/Provide Entertainment
- 16 Bingo Caller/Cashier (circle one)
- 17 Newsletter Mailings, folding, stuffing
- 18 Potluck Help
- 19 Crafts (make items to sell/decorate)
- 20 Photography at events
- 21 Tour Bus Driver, CDL licensed
- 22 Volunteer to help at lunches/dinners
& special events

FACILITY MANAGEMENT

- 23 a. Electricity
- b. Plumbing
- c. Carpentry/Handyman/Repairs (circle)
- d. Painting

MISCELLANEOUS

(If you have a talent not listed please add)

- Retired legal person
- Grant writer
- Fundraising experience