

# PARTICIPANT FORM

Please Print Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you currently receive our newsletter? (Circle)	Yes	No	
If you answered no, how would you like your newsletter delivered? (Circle)	Email	US Mail	
What is your preferred form of communication? (Circle)	Text	Email	Voice message
Do you require the use of a wheelchair? (Circle)	Yes	No	
Household Income: \$ _____ per month (OPTIONAL, may qualify for grant benefits if low/moderate)			
Race (Please circle):	African American	American Indian/Alaskan Native	Asian American
	Caucasian	Hispanic	Two (2) or More Races

## Local Emergency Contact:

Name:		Cell Phone:	
Relationship:		Other Phone:	

## Would You Be Interested in any of the Following Programs? (Please circle all that apply.)

NUTRITION	RECREATION		EDUCATION	INFORMATION & ASSISTANCE	HEALTH SCREENING
Home Delivered Meals	Social Dining	Euchre	Day Trips	Benefit Access Program	Blood Pressure Check
Commodity Food Boxes	Walking Club	Bridge	Overnight Trips	Rules of the Road Driving Course	
Farmers Market Vouchers	Functional Fitness / Yoga	Bunco	Book Clubs	AARP Tax Assistance	TRANSPORTATION
Pet Vaccines	Tai Chi	Mah Jongg	Write Your Own Story		Door-to-door transportation
	Bingo	Pinochle	Technology Classes		
			Grandfriends	<b>I WOULD LIKE TO VOLUNTEER</b> Please complete information on the back of this form.	

I have been provided with the following documents:

- Independence Policy dated 2/21/2023 \_\_\_\_\_ initial
- Waiver & Release of Liability dated 2/21/2023 \_\_\_\_\_ initial
- Acknowledgement of Receipt of Volunteer Handbook (if applicable) \_\_\_\_\_ initial

I confirm that I meet these conditions of participation and agree to comply with these expectations.

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

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# VOLUNTEER INTEREST FORM

## PLEASE CHECK YOUR AREAS OF INTEREST

MEAL DELIVERY	
RESALE SHOP	
RECEPTION	
BUILDING AND GROUNDS	
FUNDRAISING EVENTS	

## PLEASE INDICATE YOUR AVAILABILITY

DAY	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
WEEKENDS			

Do you have special skills or experience that you would like to share with us?

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Can we add you to our Sign-Up Genius list? YES NO  
(we will send you email notifications regarding signing up for tasks)

I have received and reviewed the Main Street Community Center Volunteer Handbook.

   
**Volunteer Signature** **Date**

FOR OFFICE USE ONLY

## VOLUNTEER CHECK LIST

- Completed Participant/Volunteer Application that includes acknowledgment of volunteer handbook/waiver and release of liability
- Background Check from City of Edwardsville
  - (\$10 – bring receipt and paperwork for reimbursement)
- Copy of current valid Driver's License
- Copy of current Automobile Insurance Card (if delivering meals)
- Add to volunteer contact list

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