SENIOR CENTER
of Desert Hot Springs

Volunteer Application Form

Personal Information:

Full Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Phone Number: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

Availability:

Please check the days and times you are available:

☐ **Monday**
    ☐ **Morning**
    ☐ **Afternoon**

☐ **Tuesday**
    ☐ **Morning**
    ☐ **Afternoon**

☐ **Wednesday**
    ☐ **Morning**
    ☐ **Afternoon**

☐ **Thursday**
 ☐ **Morning**
 ☐ **Afternoon**

☐ **Friday**
 ☐ **Morning**
 ☐ **Afternoon**

Areas of Interest:

Please indicate which areas you are interested in volunteering for:

☐ Administrative Support/ Reception

☐ Event Planning

☐ Morning Bites / Farmers Market / Lunch Service

☐ Program / Class Instruction

☐ Fundraising

☐ Thrift Store

 ☐ Other (please specify): _____

Skills and Experience:

Please list any relevant skills, experience, or qualifications you have that may be beneficial to volunteering at the senior center:

_____

_____

_____

Why do you want to volunteer at Desert Hot Springs Senior Center?

_____

_____

_____

References:

*Please provide the names and contact information of **two** references (excluding relatives):*

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Availability to Start: _____

Live Scan Requirement:

All volunteers at Desert Hot Springs Senior Center are required to undergo a Live Scan background check. Live Scan is a process that electronically captures and submits fingerprints to the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for background screening. This helps ensure the safety and security of our senior community.

Signature:

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission may result in my application being declined or my volunteer status being revoked.

Signature: _____

Date: _____

Instructions for Submitting Application:

Please submit your completed application via email to mlyons@cityofdhs.org or in person at the Desert Hot Springs Senior Center located at 11777 West Drive, Desert Hot Springs, CA 92240.

For any questions regarding volunteering or the application process, contact 760-329-0222 or email mlyons@cityofdhs.org.

Thank you for your interest in volunteering at the Desert Hot Springs Senior Center. Your dedication and support are greatly appreciated!