

**Dorchester Seniors, Inc.**  
**Faith Sellers Senior Center**  
312 North Laurel Street  
Summerville, SC 29483  
(843) 871-5053

**Dorchester Seniors, Inc.**  
**David Sojourner Senior Center**  
5361 E Jim Bilton Blvd.  
St. George, SC 29477  
(843) 563-3709

**Volunteer Application**

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

**Emergency Contact:**

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**If you are seeking to volunteer to obtain credit with a particular program (club, school, court, etc.), please list below.**

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**List any skills, training, or volunteer experience you would like us to know about:**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please check below volunteer opportunities that may interest you:**

Activities (assist with games, set up, encourage seniors, & etc.)	Meal Delivery Assistant (ride routes with drivers to deliver meals) Approx. 9:30 am until Noon)
Baking (bake cakes for homebound members and/or bake sales)	Meal Portioner (assist with portioning and sealing containers) Appx. 8:30am-10:00 am
Activities Instructor (conduct a one-time or ongoing workshop)	Library (Maintain library books)
Community Events/Fundraisers (hand out information, greet visitors, assist with set up, & serve refreshments)	Front Desk/Office (Answer phones & assist with projects/tasks)
Reassurance Calls (make phone calls to clients to say a friendly hello)	Tax Helper (place phone calls & schedule appointments)
Meal Delivery Driver (Deliver meals to our homebound members) Approx. 2 hours	Welcome Committee (show new members around the center)

**Applicant's Statement**

I hereby certify the answers on this application are true and correct. I authorize Dorchester Seniors, Inc., to verify all information contained in this application, including any references or any listed personnel. I understand that any misrepresentations or omissions of facts, misleading or false information on my part will be grounds for rejection of my application.

If I am selected as a volunteer, I agree to hold confidentially all information to which I may have access in connection with my activities as a volunteer. This includes, but is not limited to, financial information and information on current, former, or prospective clients, volunteers and employees. Disclosure of such information to unauthorized persons is prohibited and may result in my immediate dismissal from the program and may have legal consequences.

If I am selected as a volunteer, I agree my services will be donated to Dorchester Seniors, Inc. without contemplation of compensation or future employment. I am aware Dorchester Seniors does not provide insurance coverage for volunteers if personally injured or if damage occurs to the volunteer's personal property while acting as a volunteer. I agree that I will not hold Dorchester Seniors Inc., its affiliated entities, or their directors, employees, agents or insurers liable for any injury sustained to my person or property while acting in a volunteer capacity.

- I give Dorchester Seniors, Inc. permission to use my photograph for purposes of public relations.
- I do not give Dorchester Seniors, Inc. permission to use my photograph for any reason.

My signature certifies I understand and agree to the above, have received a copy of the Volunteer Handbook, and do hereby agree to abide by its rules.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_