



2023 Volunteer Registration Form

Contact Information

Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Preferred Method of Contact (Please "✓" Preferences) Home Phone: Cell Phone: Email:

Volunteer Opportunities & Shift Preference

Please indicate your level of interest in the selected volunteer opportunity and which shift(s) you would be open to volunteer. Please select all opportunities and shifts you are interested in to be contacted when assistance is needed. Indicating your interest will help us contact you when there is a need at the SSC, and if you are available, we appreciate your help!

Preference in Areas of Volunteering (Please "✓" Preferences)	Would love to!	Would like to be contacted when there is an opportunity.	Not interested in this opportunity.
Act II Singers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant for SSC Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue Ribbon Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.A.R.E. - Assisting Residential Elders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Solon Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Assistance/Tech Tutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Caller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESL Member "Buddy"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Cleanup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly Visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery Shopping for Seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor - List area of expertise on back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids Book Bank Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Help - Cooking/Baking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knitting & Crocheting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Council Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Produce Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solon Mobile Pantry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trip Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcome Center Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - List idea on the back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate other opportunities of interest and/or instructor area of expertise below.

Preference in Shifts (Please “✓” Preferences)

	8:00 am - 11:00 am	11:00 am - 2:00 pm	2:00 pm - 5:00 pm
Best Time for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VOLUNTEER CONSENT AND RELEASE

Please read this Volunteer Consent and Release form carefully and be aware that by signing this form and by volunteering as a City of Solon and/or Solon Senior Center Volunteer (hereinafter referred to as a “City of Solon Volunteer”) you are assuming all risk and legal liability of volunteering and hereby release and waive all claims for injuries or loss against the City of Solon, including the Solon Senior Center and its representatives, which you may sustain as a result of volunteering as a City of Solon Volunteer at the Solon Senior Center or at any City of Solon activity.

Consent to Volunteer, Policies and Procedure

I acknowledge that my participation as a City of Solon Volunteer is voluntary and I agree to take due care during such participation. I agree to uphold the mission and values of the City of Solon and adhere to all policies and procedures of the City of Solon and the Solon Senior Center.

Consent to Use of Likeness

I grant the City of Solon and its agents, the unrestricted right to use my name, likeness, photos, video images and voice recording for any purpose including community outreach, promotion, advertising or other purposes.

Acknowledgment and Assumption of Risk

I, on behalf of myself, my heirs, executors, administrators and assigns, acknowledge that I am aware that risks and hazards may arise while I am volunteering as a City of Solon Volunteer and I assume any expenses and liabilities I incur in the event of an accident, illness, injury, or loss. I understand that some of the activities may include strenuous work and physical activity. If I have any questions about an activity, its nature, risks or hazards, I will contact the City of Solon staff present to discuss my questions with the staff member, or members, to my satisfaction. I am aware the activities in which I am voluntarily engaging require that I be physically, mentally and emotionally fit and able to participate. I recognize it is my responsibility to accurately and honestly assess my physical, mental and emotional fitness, and if the need arises will be open and willing to discuss any limitations. I further state I am aware of all inherent dangers of participation and the risks associated with my participation as a City of Solon Volunteer and I, understand, accept and assume those risks, and waive all claims against the City of Solon and its officers, directors, employees, officials, and agents.

Release of Liability

In consideration of permission granted to me for my participation as a City of Solon Volunteer, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Solon, its Recreation Department, Community Center, Senior Center, Center for the Arts, officers, directors, employees, officials and agents, jointly and severally, from any and all claims, demands, causes of action, judgments, and executions, which may arise out of my participation as a City of Solon Volunteer. Further, in consideration of permission granted to me for my participation as a City of Solon Volunteer, I hereby agree to the fullest extent permitted by law, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify, hold harmless and defend the City of Solon, its Recreation Department, Community Center, Senior Center, Center for the Arts, officers, directors, employees, officials and agents, from and against any and all losses, claims, demands, payments, costs, fees, attorney’s fees, suits, causes of action, recoveries and judgments, of every nature and description, made, brought or recovered against the City of Solon, and any of its departments or representatives, at any time by reason of my participation as a City of Solon Volunteer.

Further I, as a City of Solon Volunteer, agree to adhere to any and all rules, policies and guidelines as set forth by the City of Solon, the State of Ohio, the Ohio Department of Health, Cuyahoga County, the Cuyahoga County Board of Health, and/or the Responsible Restart Ohio Sector Specific Operating Requirements, as they pertain to the COVID-19 pandemic and the City of

Solon's response, including but not limited to the screening of participants and volunteers for signs of fever, acknowledgment by participants and volunteers of being COVID-19 symptom free, and social distancing protocols. I understand that COVID-19 is a contagious disease that can lead to severe illness and possibly death and I understand the inherent risk of exposure to COVID-19 in any public place where people are present. I voluntarily assume all risks related to exposure to COVID-19 through my participation as a City of Solon Volunteer.

I, as a City of Solon Volunteer, hereby agree to the terms as stated above:

Print Name _____
Signature _____
Date _____

I, as a parent or legal guardian of a volunteer that is a minor, ward, or under age 18 years (hereinafter referred to as "Volunteer"), hereby consent to said Volunteer's participation as a City of Solon Volunteer and agree to the terms as stated above as they relate to Volunteer's participation as a City of Solon Volunteer.

Volunteer's Name _____
Volunteer's Age _____
Parent or Legal Guardian's Name _____
Signature of Parent or Legal Guardian _____
Date _____