

North Providence Mancini Center
Two Atlantic Boulevard ~ North Providence, RI 02911

VOLUNTEER APPLICATION

I am interested in Volunteering or Community Service

For Community Service: Court Ordered School Other

Number Of Hours Needed: _____ To Be Completed By: ____/____/____

Name: _____ **Date of Birth:** ____/____/____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: (____) _____ **Sex:** Male ____ Female ____

Emergency Contact:

Name: _____ **Relationship:** _____ **Phone:** (____) _____

Have you ever been convicted of a crime? (Excluding minor traffic violation) Yes No

If yes, please give a brief explanation: _____

Please indicate services/programs you are interested in:

Meal Site:

- Host
- Kitchen Assistant
- Server
- Coat Room
- Special Events

Bingo:

- Caller
- Floor Worker
- Concessions

Office:

- Mailings
- Greeter /Front Desk
- Holiday Decorating
- Program Aide

Other:

- Driver
- Instructor: _____
- Other: _____

Previous Experience/Special Skills: _____

Why would you like to Volunteer at NPMC? _____

I would like to Volunteer: Daily Weekly Monthly As Needed

Availability to Volunteer:

- | | | | | | | | |
|-----------|----------------------------------|------------------------------------|----------------------------------|----------|-----------------------------------|------------------------------------|----------------------------------|
| Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Weekends | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | |

VOLUNTEER DISCLAIMER & WAIVER OF LIABILITY

As a volunteer for the North Providence Mancini Center and the Town of North Providence, I understand, agree and hold harmless as following:

- I am volunteering my time to the North Providence Mancini Center and I will not be compensated or put on the payroll.
- Certain injuries resulting from my volunteer work may not qualify for benefits under RI Workers' Compensation law.
- I agree to release and indemnify the North Providence Mancini Center and the Town of North Providence, all its agents, officers and employees, from any and all claims for personal injuries suffered or losses of any person or property which may arise out of a result from the participation in the volunteer work that I perform for on-site and off-site activities.

I agree to sign this form prior to the commencement of my volunteer activities. I have read and fully understand the above statements and agree by completing and submitting this form.

Volunteer Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Office Use:

Received: _____

BCI: _____

Interview: _____

Entered: _____

Orientation: _____

Job: _____

End Date: _____

Letter Sent: _____

Total Hours: _____

Notes:

Large empty rectangular box for notes.

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VOLUNTEER/COMMUNITY SERVICE BCI AUTHORIZATION

NPMC requires criminal background check (BCI) on all persons interested in volunteer or community service. Please fill out this form and return to staff with a state issued photo ID.

Print Name: _____

Maiden Name: _____

Date Of Birth: _____

DISCLAIMER

I, _____, hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to **Linda Giorgio, Director, North Providence Mancini Center** any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

Signature of Applicant

Sworn to before me in the City/Town of _____ State of _____

This _____ day of _____, 20_____.

Notary Public Name

Commission #

Commission Expires

NOTE: Copy of photo identification with date of birth must accompany this Disclaimer.