

Center for Lifetime Learning

Volunteer Application 2009-2010



Applicant Information

Name	
Street Address	
City, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

Which days are you available for volunteer assignments?

Monday Tuesday Wednesday Thursday

Interests

Tell us in which areas you are interested in volunteering -

- Class Volunteer Telephones
 Volunteer Coordinator Speakers' Bureau Coordinator
 Word Processing Flyer Distribution
 Manage Carpool Information Tables
 Newsletter Distribution Open Seats

Person to Notify in Case of Emergency

Name	
Street Address	
City, ZIP Code	
Home Phone	
E-Mail Address	
Relationship to Contact	

Our Policy

INSURANCE

I am aware that PBCC does not carry individual student insurance to cover accidents which may occur while attending PBCC. I am aware that I have been advised to carry my own insurance.

(*Initials* _____)

MEDIA

I hereby assign all rights to any and all images/photographs/videotapes/film/digital/ or sound recordings made of the CLL member named above. I hereby authorize the reproduction, sale, copyright, exhibition, broadcast and/or distribution of the same without limitation for any product associated with Palm Beach Community College. (*Initials* _____)

MEDICAL

I hereby give my permission to the PBCC to initiate necessary first aid measures, as needed. Further, in an emergency requiring medical attention, I authorize PBCC to call an ambulance and take me to the nearest hospital or act for me in accordance with their best judgment. I would like that representative to give this information to any emergency medical personnel. (*Initials* _____)