

City of St. Clair Shores

27600 Jefferson Circle Drive St. Clair Shores, MI 48081-2093

Phone: (586) 445-5200 Fax: www.scsmi.net

Mayor

Robert A. Hison

Mayor Pro-Tem

David J. Rubello

City Manager

Kenneth R. Podolski



Council Members:

Ronald J. Frederick

Beverly A. McFadyen

Peter A. Rubino

Candice B. Rusie

Kip C. Walby

Center for Active Adults
20000 Stephens Road
St. Clair Shores, MI 48080

Center for Active Adults (586) 445-0996
Helping Hands (586) 498-2413

Volunteer Intake Form Active Adults Helping Hands Program

Date: _____

Name: _____

Birth Date: _____

Address: _____

Zip Code: _____

Telephone: _____

Cell: _____

Email: _____

School: _____

District: _____

Driver's License # _____ Gender: _____

What types of services can you offer to assist area senior and disabled residents?

snow shoveling winter months

lawn moving summer months

leaf raking fall months

other, please specify: _____

What are convenient days for you to volunteer?

Mon Tues Wed Thurs Fri Sat Sun

What are you expecting to receive from your volunteer assistance?

Service hours

Pay for service

St. Clair Shores Department of Parks & Recreation
Center for Active Adults
Waiver of Liability
Senior Helping Hands Program
20000 Stephens Road
St. Clair Shores, Michigan 48080
(586) 498-2413

Volunteer Name _____

Address _____

City/State/Zip _____

Phone: _____ Date of Birth _____

I, individually, release from any liability the City of St. Clair Shores, its Agents, officers, servants, employees and clients from any and all liability. Claims, damages and actions whatsoever arising out of or in any way sustained by myself personally or to my property and/or property in my possession while participating in activities connected with the sponsored, in whole or part, by the St. Clair Shores Department of Parks & Recreation (Active Adults Helping Hands Program). This also includes release for loss of or damage to personal property.

Clients warrant that the premises are free from hazards and defects and that any equipment, tools, or devices being furnished to the volunteer under this program are free of defects and suitable for the use intended to the best of their knowledge and belief.

I also agree that information on my Volunteer Intake Form can be disclosed to others in order to assess my ability to perform service. Although, I do understand that the utmost care will be taken to keep my records confidential.

I also intend that his release apply additionally to successors, assigns and heirs.

Signature of Volunteer:

Date: _____

Signature of Minor Volunteer's Parent:

Date: _____