

Monona Senior Center  
1011 Nichols Road Monona, WI 53716 Phone  
# 608-222-3415

**Basic Application form for Volunteer Participation**

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Education (check one)  High School  College  Other (please specify) \_\_\_\_\_

Are you currently employed?  Yes  No  Full-time  Part-time

List volunteer experiences \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any interests or special talents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical disabilities which prevent you from activity?  Yes  No

If the answer is yes, please list your limitations. \_\_\_\_\_

\_\_\_\_\_

Please indicate the day (s) and number of hours you would have available for activities as a volunteer:

Day \_\_\_\_\_ # of hours \_\_\_\_\_ Time \_\_\_\_\_

Day \_\_\_\_\_ # of hours \_\_\_\_\_ Time \_\_\_\_\_

Day \_\_\_\_\_ # of hours \_\_\_\_\_ Time \_\_\_\_\_

Day \_\_\_\_\_ # of hours \_\_\_\_\_ Time \_\_\_\_\_

City of Monona

TITLE: Volunteer Agreement		
ISSUE DATE: 5/20/04	REVISION DATE:	TOTAL PAGES: 3
POLICY SOURCE: Mayor		
SPECIAL INSTRUCTIONS: None		

**I. PURPOSE**

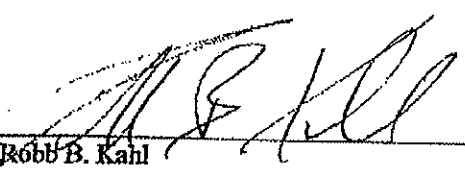
The purpose of this policy is to establish a procedure for permitting volunteer activities on City property.

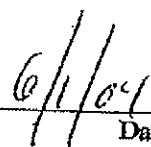
**II. POLICY**

The City of Monona wishes to encourage citizens to perform volunteer work on City property in accordance with the rules and regulations of the City and upon authorization by the appropriate agents of the City.

**III. PROCEDURE**

Participants are required to provide information related to the project or work they desire to perform on City property. Participants are also required to sign a volunteer agreement prior to undertaking any volunteer activities as per the attached forms. Said forms shall be submitted to the City Administrator and submitted to the appropriate oversight Committee, Commission, or Board. Upon approval by the appropriate Committee, Commission or Board, the City Administrator or his designee shall execute the agreement.

  
\_\_\_\_\_  
Robb B. Kahl  
Mayor

  
\_\_\_\_\_  
Date

Db  
Policy Format

**CITY OF MONONA  
VOLUNTEER AGREEMENT**

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In consideration for being permitted by the City of Monona ("the City") to perform the volunteer activities described in the attached Volunteer Project Information Sheet, I agree as follows:

I agree to comply with all rules and regulations which may be required by the City in regards to volunteer activities and immediately cease such activities upon request by the City. I understand that the activities may involve risks of injury, loss or damage, including but not limited to, bodily injury, sickness, disease, death, and property loss or damage. I recognize the inherent danger involved, take full responsibility for my actions and physical condition and assume all such risks. I release and hold harmless the City, its elected and appointed officials, officers, employees, and authorized representatives from any liability, claims, demands, damages, legal actions, costs, and expenses, including attorneys' fees, of whatsoever kind or nature (including those listed above) which arise from any injury to myself during my participation in the volunteer activities and any injury, loss or damage to other persons or property arising from my negligence.

I understand that I will receive no compensation from the City for the volunteer activities. I understand that I will be performing the volunteer activities without any supervision or guidance by any City employees or officials and will not be considered an employee or agent of the City for any purpose. I represent to the City that I am in good physical health and have no health restrictions which would preclude me from safely performing the volunteer activities.

I agree to be solely responsible for ensuring that my property and equipment is used safely and properly maintained. I shall have sole responsibility for the protection of my property against theft, damage or loss. I will remove all equipment and debris generated by the volunteer activities from City property immediately upon the earlier of (1) completion of the volunteer activities or (2) 15 days from the date of this agreement.

**I HAVE READ THIS ENTIRE DOCUMENT PRIOR TO SIGNING IT.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed/typed name)

\_\_\_\_\_  
Date

**PARENT/LEGAL GUARDIAN:**

I am the parent or legal guardian of the above minor volunteer. I have read this entire agreement and consent to the child participating in the volunteer activities. I agree to take full responsibility for the safety and actions of the child. At all times the child is performing any volunteer activities he or she will be either under my direct supervision and control or that of another responsible adult in whose care I have placed the child. I agree to be bound by all provisions of the agreement, including but not limited to, the release, hold harmless and indemnity provisions.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed/typed name)

\_\_\_\_\_  
Date

**CITY OF MONONA**  
**VOLUNTEER PROJECT INFORMATION SHEET**

The City of Monona thanks you for expressing an interest in performing volunteer work on city property. Please provide the following information relating to the volunteer project you desire to undertake. All participants are also required to sign a volunteer agreement (copy attached) prior to undertaking any volunteer activities.

**1. DESCRIPTION OF THE PROJECT AND ALL ACTIVITIES TO BE UNDERTAKEN BY VOLUNTEERS:**

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**2. PERIOD DURING WHICH THE PROJECT WILL BE PERFORMED:**

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**3. CITY PROPERTY ON WHICH THE PROJECT WILL BE PERFORMED:**

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\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed/typed name)

The City of Monona hereby grants to the volunteers of this project for whom a fully executed volunteer agreement is on file with the City the right to enter the locations identified above during the periods disclosed above to conduct the volunteer activities identified above.

By: \_\_\_\_\_  
(Department Head)

\_\_\_\_\_  
(Date)

**City of Monona**

<b>TITLE: Monona Senior Center Confidentiality Policy</b>		
<b>ISSUE DATE: 1/19/2005</b>	<b>REVISION DATE: 3/17/2016</b>	<b>TOTAL PAGES:</b>
<b>POLICY SOURCE: Monona Senior Center State Accreditation Committee</b>		
<b>SPECIAL INSTRUCTIONS: None</b>		

**I. PURPOSE**

The purpose of this policy is to establish conformity to state statutes in relation to confidential information. Each Senior Center shall have a written confidentiality policy according to State Accreditation standards.

**II. POLICY**

All staff and volunteers of the Monona Senior Center shall maintain confidentiality in the handling and use of participants' information and records. Any information relating to individuals attending programs or activities at the Monona Senior Center is not to be discussed in any manner outside the Monona Senior Center. Participants in activities and programs at the Monona Senior Center shall have a right to expect that information supplied to staff and volunteers will remain confidential. Violations of this policy may result in dismissal.

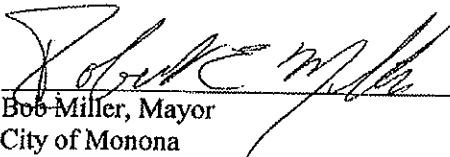
**III. DISCUSSION**

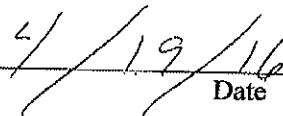
Attached, please find the Monona Senior Center Confidentiality Statement and Agreement.

**IV. DEFINITIONS**

**V. PROCEDURE**

Please see attached Confidentiality Policy and Release of Information Statement.

  
\_\_\_\_\_  
Bob Miller, Mayor  
City of Monona

  
\_\_\_\_\_  
Date

# Monona Senior Center

## Confidentiality Statement and Agreement

All matters relating to Center participation and client record, phone numbers and addresses, are considered confidential information and are treated as such by the employees and volunteers of the Monona Senior Center. At no time will any information regarding such matters be given out without the consent of the individual or pursuant to a lawful court order or subpoena.

I understand, as an employee or volunteer at the Monona Senior Center, that all information made available to me regarding personal matters of clients and participants is confidential and I will treat it as such.

Violations of this policy may result in dismissal.

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

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

**Supervisor Signature:** \_\_\_\_\_

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