AIKEN SENIOR LIFE SERVICES

LET'S GO BINGO!

Volunteer Information:

Name: _____ Date: _____ / _____ / _____

Phone: __(_____)_____ - _____ Email: _____

Best form of contact: ▫Call ▫Text ▫E-Mail ▫Other _____

Address, Including ZIP: _____

_____

Regular Occupation: _____

Social Security Number: _____

Please check this box to indicate that you are a student ▫

If you are a student, where do you go to school? _____

If you are doing this on behalf of a club/class, please check this box: ▫

If you checked the above box, what club/class? _____

Please select all tasks for Bingo in which you would be interested in volunteering for:

- ☐ Help set-up for bingo
- ☐ Work reception, greet guests, and collect cover charge
- ☐ Sell tickets
- ☐ Operate digital game board
- ☐ Operate as a Floor Runner and pay out cash prizes
- ☐ Help break down after bingo

Please select all tasks you would be interested in volunteering for during our Enrichment period (*Optional)*

- ☐ Help set-up events/activities
- ☐ Help check-in events/activities
- ☐ Attend events/activities to be of assistance to presenters and guests
- ☐ Help plant, weed, water, and/or harvest the community garden.
- ☐ Present or lead enrichment activity/group on a topic of your choice.

_____

What days of the week are you available to volunteer? _____

How did you hear about us?

- ☐ Social Media
- ☐ Print
- ☐ Word of Mouth
- ☐ Website
- ☐ Google Search
- ☐ School Email
- ☐ Other

If Other, please specify: _____

Volunteer Background Check Authorization:

I understand that the above information will be used to conduct a criminal records check and I hereby give my permission for criminal records to be done through the South Carolina Law Enforcement Division (SLED) or any other law enforcement agency.

_____   _____
Volunteer Signature   Date