



Community Service Application For New Milford Social Services

*For Students or
Group Members Only*

Thank you for offering your time to volunteer for us. Volunteering is one of the most important aspects of a community that is strong and unified. It gives its members a chance to feel involved, to help others, and give back for a good deed done for them. We value this idea of volunteering. We welcome volunteers interested in lending their talents, time, and compassion. We will do our best to match your interest, skills, and availability.

Our promise to you is to treat you with appreciation and respect, and to offer a meaningful opportunity while you are assisting us in ensuring that our programs are successful in meeting the needs of our clients. There is an expectation that all volunteers will treat each individual and family with dignity, respect, and compassion, and to keep the identity of our clients confidential as well as any situation you may become aware of as a volunteer. Please sign below as an indication of understanding this expectation and your intention to follow this request.

Thank you,

JB

The staff of New Milford Social Services

Printed Name _____

Date _____

Signature _____



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Please fill out this application completely and **return to New Milford Social Services, 40 Main Street, New Milford, CT 06776**. Any questions, please call 860-355-6079 x3. Town policy does require that all potential volunteers over the age of 18 be fingerprinted by our local police for the specific purpose of volunteering for a department of the town of New Milford. There is no cost to the volunteer and there are procedure guidelines available.

The majority of our volunteer help is in the Food Bank or for seasonal events and activities. The ability to lift and bend is essential to fulfilling the duties involved with these programs. Most volunteer opportunities are offered during our regular office hours of Monday through Friday, 8am-4pm. There are occasional events that do take place on a selected weekend or evening. Please understand that there may not be an immediate volunteer opportunity available, however, we will attempt to communicate to all volunteers as a food bank position becomes available or an event is in need of a volunteer. If at all possible, please list an email address. This is the best way of relaying important information to a group and attaching any pertinent information. All email addresses will be kept confidential.

If you are a student under the age of 18, a "Parental Permission Form" must also be completed. If you are a student or member of a community group requiring community service hours, there is a "Community Service Contract" that must be completed and signed. All potential volunteers of any age must also sign the "Volunteer/Community Service Agreement".

Please understand that town policy does not permit us to offer volunteer services to individuals assigned community service by the court or in anticipation of a court order.

Please fill out the following information:

Print Name: _____ Date of Birth: _____

Address: _____

Contact Numbers: (H) _____ (C) _____

(W) _____ Best phone # to call? Home _____ Cell _____ Work _____

Do you have an answering machine/voice mail? _____

Email address (please print clearly): _____

Availability: M T W TH F Sat. * Morning * Afternoon * Any time

Weekly * Biweekly * Monthly * Special Events

Volunteer afterschool only? _____, if so, hours available _____

Volunteer Summer only? _____, if so, hours available? _____

Will you need a letter of hours completed for a teacher or supervisor? _____ by when? _____

How many hours do you need? _____ / Name of Supervisor _____

Name of School/ Organization _____

Limitations: _____

Special Interests/Skills/Information you would like to share with us and reason for volunteering:

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PLEASE CHECK OFF ALL THAT APPLY: (please understand that we may not always have openings in each category)

(Weeklyor Monthly)

- _____ Food Bank Distribution (Wednesday or Thursday)
- _____ Food Pantry (sorting/stocking shelves) (mostly Mon/Tues)
- _____ Bread pickup (Mon/Tues/Wed/Thurs mornings)
- _____ Vegetable pickup (Thurs mornings/seasonal)
- _____ Staff a food drive/Pick up food
- _____ Newsletter (prepare for monthly mailing-usually at the beginning of each month)
- _____ Organize clothing/personal care items (seasonal)

(Special events)

- _____ Walk-a-Mile for a Meal (Sept.) _____ Cold Homes, Warm Heart 5K Walk (Jan.)
- _____ Culinary Gala (March) _____ Back to School Program (Jun.-Aug.)
- _____ Holiday events (holiday food preparation/gift sorting/gift organizing/gift wrapping) (Nov.-Dec.)



TOWN OF NEW MILFORD
10 MAIN STREET
NEW MILFORD, CT 06776

*For Students or
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COMMUNITY SERVICE CONTRACT

Applicant information:

Name: _____

Address _____

Telephone: _____ Cell: _____

Emergency Contact: _____

Medical Contact Information: _____

Date of Birth: _____

Parent(s) Name/Address: _____

Parent(s) Telephone _____ Cell: _____

Volunteer Community Service Information:

List any Work Limitations: _____

Location of Community Service: _____

Supervisor of Community Service Work: _____

Potential Schedule for Community Service:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Name & Address to Report Completed Hours: _____

(For example, School, Church) _____

The supervisor of the community service work is responsible for tracking and recording the hours worked by the applicant. Upon completion of the required hours, written verification must be submitted to the Personnel Department. The Personnel Department will then issue a completion letter to the appropriate agency attesting to the completion of the hours worked.