



# Community Service Application For New Milford Social Services



## For Students Only

Thank you for offering your time to volunteer with 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 commitment 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 \_\_\_\_\_



.....

Please fill out this application completely and **mail or drop off to New Milford Social Services, 2 Pickett District Rd, New Milford, CT 06776**. Any questions, please call 860-355-6079. *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:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Can we leave a message? \_\_\_\_\_

\*Parent's Phone Number: \_\_\_\_\_ Parent Name: \_\_\_\_\_

\*(required for students under the age of 18)

Can you...

\_\_\_ Volunteer afterschool? \_\_\_ Volunteer weekends? \_\_\_ Volunteer Summers? \_\_\_\_\_

Availability: M T W TH F Sat. \* / Morning \* Afternoon \* Anytime  
(Check all that apply)

Weekly \* Biweekly \* Monthly \* Special Events

Best hours of availability: \_\_\_\_\_

Will you need a letter of hours completed for a teacher or supervisor? \_\_\_\_\_ By when? \_\_\_\_\_

How many hours do you need? \_\_\_\_\_ Due date to complete hours? \_\_\_\_\_

Can you lift at least 20-25lbs? \_\_\_\_\_ Can you bend? \_\_\_\_\_

Can you stand for a long period of time? \_\_\_\_\_ Can you sit for long period of time? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

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

\_\_\_\_\_ Food Pantry (sorting donations /stocking shelves) (Mon/Tues/Weds/Fri. only)

Best available days: \_\_\_\_\_

\_\_\_\_\_ Assist with Food Composting Project

Best available days: \_\_\_\_\_

\_\_\_\_\_ Special office projects (occasional opportunity)

Best available days: \_\_\_\_\_

\_\_\_\_\_ Seasonal programming and Special events (Santa Fund, WAM, BTS, etc.)

Circle all that apply: Days Late Afternoons/Early Evenings Weekends



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

**VOLUNTEER/ COMMUNITY SERVICE AGREEMENT**

In consideration of being permitted to satisfy all or part of Volunteer’s community service for the Town of New Milford, and in further consideration of the Town that the Volunteer is providing or has provided such service, the undersigned Volunteer does, by these presents, for him/herself and his/her heirs, administrators, executors and assigns, hold the Town of New Milford, its agents, servants, officers, officials and employees free, harmless and indemnified from any and all claims (including personal injury, death and workers’ compensation claims), lawsuits, losses, damages, judgments, whatsoever (collectively referred to hereinafter as “Claim”) for injury or property damage to him/herself and/or to any third person(s) and/or firm(s) as may arise or be alleged to have arisen, in connection with the performance, failure to perform or improper performance of Volunteer services to or on behalf of the Town.

Volunteer understands and agrees that the Volunteer shall immediately report any injury or claimed injury to the appropriate supervisor, and Volunteer fully understands and agrees that, as a Volunteer, and not an employee of the Town of New Milford or its agents, servants and employees, Volunteer is not provided Workers Compensation benefits or coverage.

Volunteer further agrees to indemnify the Town for all costs it may incur in the defense (including without limitation, attorney’s fees) of any Claim(s) brought or made by Volunteer, his/her heirs, Administrators, executors and assigns and/or any third person(s) and/or firm(s) in connection with Volunteer’s service. In addition to the foregoing, the Volunteer promises to promptly pay the Town for any damage caused by the Volunteer to equipment or other property owned or leased by the Town, and that should Volunteer be assigned a task and is uncomfortable using an article of equipment, Volunteer may decline to use the equipment or ask for training in its use.

Dated at New Milford, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\*\*

\_\_\_\_\_  
Signature of Volunteer

**\*\*ALL VOLUNTEERS MUST SIGN**

\_\_\_\_\_  
Print name of Volunteer

\_\_\_\_\_  
telephone number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Name and telephone number of Community Service  
Supervisor/Coordinator (if applicable)

\_\_\_\_\_  
Name of Educational Institution/Community Organization  
(If applicable)



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

*For Students or  
Group Members  
Only*

### 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: \_\_\_\_\_

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.**



Social Services

**TOWN OF NEW MILFORD**  
2 Pickett District Road New Milford, Connecticut 06776  
Telephone (860) 355-6079 • Fax (860) 355-6019

**VOLUNTEER/COMMUNITY SERVICE**  
**PARENT RELEASE FORM**

As the parent/legal guardian of \_\_\_\_\_,  
**Name of Minor Volunteer**

I hereby give my consent for the above named registrant to volunteer for New Milford Social Services. I also agree that I and the above named registrant will abide by the safety requirements as indicated by the Social Services staff. I hereby release, discharge, and/or otherwise indemnify the New Milford Social Services Department, its sponsors and employees from any claims arising out of injury to the above named registrant. Furthermore, I hereby give consent for emergency medical care by the staff of the Town of New Milford, Social Services Department.

**Legal Authorization and Consent for the above items:**

➤ **PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Emergency Information:**

**Important medical information (include allergies; medications; physical limitations)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian**      **Home Phone** \_\_\_\_\_  
   **Cell Phone**            \_\_\_\_\_  
   **Work Phone**           \_\_\_\_\_

**Special Instructions** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ **PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_