
EMERGENCY CONTACT (Include Name, Address, Home/Work/Cell Phone Numbers)

1. _____
(Name) (Relationship)

(Address) (Town) (State)

(Phone-home) (Work) (Cell)

2. _____
(Name) (Relationship)

(Address) (Town) (State)

(Phone-home) (Work) (Cell)

Release of Liability

I fully assume all risks associated with participation with the Town of Windsor and Windsor Social Services volunteer program, even if due to the negligence of the Town of Windsor, its agents, servants or employees.

I, hereby release The Town of Windsor, Windsor Social Services, Staff, its agents, boards, commissions, from any and all liability in connection with any injury or claim of damages including attorney fees, in connection with volunteer work thru Windsor Social Services even if caused by the negligence of the Town of Windsor, its agents, servants or employees.

I, for myself and my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the Town of Windsor, Windsor Social Services, its agents and employees, and all of its departments, boards, commissions, and agencies, from any and all claims, suits or demands by anyone arising from my participation in the volunteer program, even if caused by the negligence of the Town of Windsor, its agents, servants or employees.

I give the town and the Social Services Department permission to utilize any photographs and videos taken for publicity purposes.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____

**Please mail or bring this completed application to:
Windsor Social Services Attn: Susan Nunes
L.P. Wilson Community Center
599 Matianuck Ave., Windsor, CT 06095**

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING FOR THE TOWN OF WINDSOR

VOLUNTEER AND INTERN CONFIDENTIALITY AND RESPONSIBILITY AGREEMENT

The following agreement defines the responsibilities and procedures for volunteers and interns interacting with any clients of Social Services. Volunteers and interns are likely to work with individuals and families that are considered vulnerable in relation to their age, disability, or financial status. By signing below, the volunteer or intern agrees to the following:

- 1) I understand that any client information and/or written records are property of Windsor Social Services and must be kept confidential. I understand that I may not share the name or any other information regarding a client with anyone. Any information that I may learn about a client as a result of my volunteer position or my intern position is confidential.

- 2) I agree to access client information only when it pertains to the performance of my position as a volunteer or intern, and to never share that information with anyone outside of Windsor Social Services, unless directed to do so by my Supervisor. Information will only be accessed or shared as it pertains to my ability to assist a client.

- 3) I agree that I will not share any client information including name and demographic information or services they receive. This includes that I will not share information with my family, friends, or other clients.

- 4) I understand that any violation of this policy may result in my termination as a volunteer or intern.

Print Name _____

Signature _____

Date _____

Print Parent Name _____

Parent Signature _____

Date _____