

VOLUNTEER APPLICATION

Please check which volunteer programs you are interested in:

<input type="checkbox"/> Birthday Cheer	<input type="checkbox"/> Mobile Foodshare	<input type="checkbox"/> Senior Center Office Assistants
<input type="checkbox"/> C.A.R.E.S.	<input type="checkbox"/> Hello Neighbor	<input type="checkbox"/> Special Event Positions
<input type="checkbox"/> Food Bank	<input type="checkbox"/> Weekend Wheels	<input type="checkbox"/> Miscellaneous Positions
<input type="checkbox"/> Groceries To Go	<input type="checkbox"/> Soc. Services Office	<input type="checkbox"/> Medical Driver
<input type="checkbox"/> G2G-home delivery		

Name: Mr. /Mrs. /Ms. _____
Last Name First Name Middle Initial Maiden Name

Home Address: _____ Birth Date: _____

Home Phone: _____ Alt. Phone: _____ Work Hours: _____

Length of Time You Have Lived At Your Current Address: _____ *
(*If less than 2 years, what was your last address? _____)

Most volunteer contact and scheduling is through email. E-mail address _____
Do you prefer contact through regular mail? Yes _____ No _____

Volunteer Experience (Past & Present): _____

Days and Times Available To Work as Volunteer: _____
How many days a month are you interested in volunteering? _____

How did you hear about our programs? _____

Do you have any physical limitations? _____

Please list any special interests, hobbies, or talents you would like to share with others:

THIS SECTION IS FOR MEDICAL DRIVES THRU SENIOR CENTER:

If you are willing to provide rides, are you willing to drive them anywhere in the Greater Hartford Area?

YES _____ NO _____ If not, where are you willing to drive? _____

Do you own an automobile? YES _____ NO _____

License Plate #: _____ Year: _____ Make: _____ Model : _____)

Do you have auto insurance? YES _____ NO _____
Company: _____ Policy Number: _____

REFERENCES

Please print the names, **COMPLETE** addresses, and phone numbers of three people other than relatives who would be in a position to evaluate your qualifications to serve as a volunteer.

1. Name: _____ Phone #: _____

Address: _____

Relationship to you: _____ How long has he or she known you? _____

References: continued.

2. Name: _____ Phone #: _____
Address: _____
Relationship to you: _____ How long has he or she known you? _____

CRIMINAL AND/OR DRIVING BACKGROUND CHECK RELEASE

To process your criminal and/or driving background check release with the State Police Bureau of Identification as a Volunteer with the Town of Windsor, please complete the following:

Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Driver's License #: _____ Last four digits of your Social Security # **XXX-XX-**____ _

I, _____, hereby consent to the State of CT furnishing the Town of Windsor with any information concerning the undersigned contained in police and/or court records.

Signature: _____ Date: _____

Release of Liability

I fully assume all risks associated with participation with the Town of Windsor and Windsor Social and Senior 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 and Senior 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 and Senior 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 and Senior 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. Yes_____ No_____

Signature: _____ Date: _____
Printed Name: _____

**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 _____

VOLUNTEER EMERGENCY CONTACT LIST

Return to:

Windsor Social Services
599 Matianuck Avenue
Windsor, CT 06095
ATTN: Susan Nunes

Name: _____
 (LAST) (FIRST) (INITIAL)

Home Address _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail address: _____

Date: _____

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)

3. _____
 (Name) (Relationship)

 (Address) (Town) (State)

 (Phone-home) (Work) (Cell)

Town of Windsor Social Services Volunteer Opportunities

Windsor C.A.R.E.S. (Citizens Assisting Residents Everywhere by Sharing): This group meets monthly and takes on various projects for different populations: making meals for the homeless, making mittens for low-income families, and much more! Each member decides on what projects he or she wants to work on.

Windsor Food Bank: The Food Bank depends on volunteers and donations to continue providing supplemental food to Windsor residents in need. Volunteers sort produce, stock shelves, pack groceries and distribute food to clients. We have morning, afternoon and evening hours. We have volunteers doing weekly pickups at local grocery stores as well as monthly food collections at Stop and Shop and Geissler's in town. Depending on current need, volunteers can be regularly scheduled weekly, twice a month, once a month or as a floater. You decide how often and which days you wish to volunteer and a schedule is emailed one month in advance.

Windsor Groceries To Go Program: The Groceries To Go program distributes supplemental foods to individuals 60 years and older every other Friday from the senior center. Volunteers' help to set up the food choices for client selection, staff the tables during distribution and help to store food when distribution is complete. Home delivery volunteers are needed to help with home deliveries on Friday late mornings for homebound clients. The volunteer shift for G2G is from 10-11:30 am every other Friday.

Windsor Mobile Foodshare Program: Foodshare in Bloomfield sends out a Mobile Foodshare truck to Windsor on alternating Fridays from 8:45-9:15 to provide fresh fruits and vegetables to individuals and families in need. Volunteers staff tables and distribute food items into peoples' bags as they walk through the tables. This is an outdoor food distribution program. The volunteer shift for this program is 8:30-9:15 AM.

Hello Neighbor: This program involves social phone contact with frail or isolated elderly people. Volunteers are needed to call their person twice a week, at a mutually convenient time.

Weekend Wheels Backpack Program: The Weekend Wheels program distributes backpacks filled with healthy foods to children in need every Friday throughout the school year. Volunteers meet at the Rainbow Road Firehouse on Thursday or Friday mornings to pack bags which they then deliver to the elementary schools where backpacks are packed for the program. Volunteer shifts for WW are Thursdays or Fridays from 8:30-10:30 AM.

**If you are interested in volunteering for any of the programs listed above,
please contact Susan Nunes, Volunteer Coordinator
at 860-285-1839 or nunes@townofwindsorct.com.**

***Windsor has great program to help people in need
but they can't happen without our great volunteers!***