

Southington Community Services (SCS) Volunteer Form



Contact Information

Name: _____
Last First Middle

Address: _____
Street Apt. City State ZIP

Phone: _____
Home Cell Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Interests and Availability

Please indicate the types of activities in which you might like to participate. If there are more than one, please indicate in reference by (1, 2, 3, etc).

- | | |
|--|--|
| <input type="checkbox"/> Office (e.g., data entry, phones, mailings, filing) | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Special Events (e.g., Unique Boutique) | <input type="checkbox"/> Clothes Sorting |
| <input type="checkbox"/> Off-site Events (e.g., Food Booths, Duck race, Apple harvest booth) | <input type="checkbox"/> Bell Ringing |
| <input type="checkbox"/> Cleaning & Ground Maintenance | |

When are you available to volunteer?

Days Evenings Saturdays Sundays On-Call (daytime) On-Call (evenings / events)

Specific Limitations: _____

Background and Statistical Information (Optional)

Gender: Male Female Date of Birth: _____
Month Day

How did you hear about volunteer opportunities at SCS?

Do you have any skills or trades that would be beneficial to SCS (e.g., typing, filing, computer,):

Complete this section if you need hours for Community Service

Number of Hours Needed: _____ By what date? _____ Do you need a letter? Yes No

Name and address of the person/organization to whom the letter should be addressed:

Volunteer Agreement

SCS appreciates the dedicated services of volunteers. We would not be able to service our neighbors in the community in the capacity in which we do without the number of volunteers in which we have that volunteer their time, resources and talents.

Southington Community Services Commits to:

- Provide information about SCS mission, work and opportunities for volunteer and public involvement.
- Provide varied opportunities for volunteer involvement.
- Provide feedback and, when appropriate, opportunities for greater responsibility.

We ask that volunteers commit to the following policies:

Attendance:

Volunteers shall coordinate their schedule with the volunteer coordinator. Volunteers are requested to arrive promptly for their assignment, or notify the coordinator in advance if they are unable to come in at scheduled time. This will allow (SCS) to plan for your absence or to contact other volunteers.

Safety:

Volunteers are to wear sensible clothing, and closed shoes (no sandals) while working in the bay.

Immediately report any injuries and/ or unsafe conditions to your supervisor.

Volunteer Hours:

Southington Community Services is open to the public Monday through Friday from 8:30-4:30. We also have special events off site, and events during non-working hours.

Confidentiality:

All information, data about clients, agencies, volunteers, staff, and donors are strictly anonymous and confidential, and may not be taken outside the office, or with any unauthorized person.

**** A breach of confidentiality will result in immediate dismissal of services.**

Release of Liability:

I certify that I am of lawful age and acknowledged that I have volunteered to help Southington Community Services (SCS) 91 Norton Street, Plantsville. I understand I will not receive any compensation from SCS.

I acknowledge that this work will involve work, including bending, stooping, reaching, kneeling, lifting and carrying and I certify and agree that I am in good health and physically able to perform such work.

I acknowledge that this volunteer work involves risk of injury from such work and I agree that I am helping SCS at my own risk.

I acknowledge that SCS is allowing me to participate in this volunteer work and release any liability from SCS, employees, volunteers, and administrators where work is conducted from all, all manner of damages, suits, controversies, judgments, and any other liabilities, claims or demands resulting from my services.

I understand that SCS reserves the right to reassign, reschedule, or to complete the term of service.

I acknowledge that SCS may use any photographs, film, or audiotapes of me performing volunteer work for any purpose.

I certify that I have read and understand the guidelines contained in the SCS Volunteer Agreement. I agree to follow the above guidelines.

(Printed Name)

(Signature)

(Today's Date)