

Susan Rubino SRubino@Hamden.com Youth Services Coordinator

(203) 777-2610 Ext: 1120

11 Pine Street Hamden, CT 06514



VOLUNTEER/COMMUNITY SERVICE APPLICATION

Date: _____

Participant Name: _____ Date of Birth: _____ Age: _____

School currently attending: _____ Grade: _____ Gender: _____

Address: _____ Zip Code: _____

Phone (W): _____ Phone (C): _____

Email: _____

**If UNDER the age of 18 please provide the following information:*

Parent/Guardian Name: _____

Phone (W): _____ Phone (C): _____

Email: _____

Please circle

Ethnicity

Hispanic/Latino	Not Hispanic/Latino	Unknown
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Race

American Indian	Alaska Native	Asian	Black or African American
Native Hawaiian or Other Pacific Islander	Multicultural	White	Other/Unknown

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Family Constellation (Please provide the name of the person acting in the capacity listed)

Two birth/adoptive parents	Relative/Guardian
Step and birth parent	DCF guardianship
Single parent (female, male, non-binary-please specify)	Foster parent(s)
Grandparent(s)	Joint custody
On Own	Other

Please Complete

Referred By	Contact Person	Phone Number
School		
Parent		
Court		
Juvenile Review Board		
Self		
Other - please specify		

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Please state the reason for wanting to volunteer. (Be specific)

Availability (Please be specific... dates, days and hours)

Please list your interests/hobbies and or any work experience that you might have as well as any other information that would be helpful in finding the right placement sight.

Also please explain how you will get to the placement – drive, walk, parent, bus, etc.

Emergency Contact Information

Name:	Address:
Phone (W):	Phone (C):

Name:	Address:
Phone (W):	Phone (C):

Name:	Address:
Phone (W):	Phone (C):

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INSURANCE INFORMATION

Health Insurance Carrier	Policy #	Group #
Identification #	Insured	Customer Service #

***** Please provide a copy of your insurance and identification cards****

***If UNDER the age of 18 please provide the following information:**

In consideration of the experience to be received, I, _____ Parent/Guardian of _____ do hereby give my permission for my child/dependent named above to participate in the completion of volunteer work overseen by the Youth Services Bureau. I, for myself, my spouse, my child/dependent and on behalf of my heirs, assigns and next of kin assume all risks and hazards incidental to the conduct of the activity; agree to hold the Town of Hamden and the Hamden Public Schools, it's officers, officials, employees, agents and servants harmless from all liability for property damage, physical harm, personal injury or death arising out of my child/dependent's experience as a volunteer, and I, for myself, my spouse, my child/dependent and on behalf of my heirs, assigns and next of kin waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable against the Town of Hamden and it's officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of his/her participation in the program. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Date: _____

OR

***If OVER the age of 18 please provide the following information:**

In consideration of the experience to be received, I, _____ do hereby give my permission to participate in the completion of volunteer work overseen by the Youth Services Bureau. I assume all risks and hazards incidental to the conduct of the activity; agree to hold the Town of Hamden, it's officers, officials, employees, agents and servants harmless from all liability for property damage, physical harm, personal injury or death arising out of my child/dependent's experience as a volunteer, and I, for myself, my spouse, my child/dependent and on behalf of my heirs, assigns and next of kin waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable against the Town of Hamden and it's officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of his/her participation in the program. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

Signature of Participant: _____

Print Name of Participant: _____

Date: _____