

Town of West Hartford  
**VOLUNTEER APPLICATION**



Department of Human and Leisure Services  
50 South Main Street West Hartford, CT 06107  
(860) 561-7567 fax: (860) 561-7577

**General Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Home Phone: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

**For statistical purposes only** (circle appropriate response)

<b>Race/Ethnicity</b>	<b>Age</b>	<b>Employment</b>	<b>Education</b>	<b>Source of Referral</b>
1. Asian	1. 16-24	1. Full Time	1. HS Diploma	1. Newspaper
2. Black	2. 25-44	2. Part Time	2. Some College	2. CATV
3. White	3. 44-59	3. Unemployed	3. College Grad	3. Family/Friend
4. Hispanic	4. 59-69	4. Stay Home Parent	4. Graduate School	4. Employer
5. Native American	5. 70 +	5. Retired		5. Town Web Site
6. Other		6. Student		7. Infoline
				8. Volunteer Solutions
				9. Other: _____

**Professional/Volunteer Experience**

<u>Organization</u>	<u>Position/Service</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Special Interests/Hobbies/Skills**

Interests & Hobbies: \_\_\_\_\_

\_\_\_\_\_

Special Skills/Training/Life Experience: \_\_\_\_\_

\_\_\_\_\_

Language Skills (including sign): \_\_\_\_\_

Computer Skills: \_\_\_\_\_

Do you currently hold any certifications or licenses?: \_\_\_\_\_

\_\_\_\_\_

**Availability**

Days & Hours Available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**References**

Please provide two references we can contact who are not related to you (please provide all information):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

**Applicant's Statement**

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

If the court has ordered community service, please supply the following information:

# of hours: \_\_\_\_\_ Deadline date: \_\_\_\_\_ Infraction: \_\_\_\_\_

Contact Person/Court Official: \_\_\_\_\_  
Name Phone

I understand that the references listed above will be contacted. I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer for the Town of West Hartford. I certify that the information given herein is true and complete to the best of my knowledge. I understand that this information will be held in confidence and not released to any other person or agency.

I understand that depending upon the type of volunteer service, I may be asked to grant permission for one or more of the following:

1. A local, state and/or federal criminal background check
2. A Department of Motor Vehicle driving record
3. A copy of current automobile registration and meet department's minimum liability limits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Qualified volunteer applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical condition or disability.*