



Town of Ellington

Volunteer/Community Service Application



VOLUNTEER INFORMATION: (Please Print)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Adult Student Male Female Age: (if under 18 years old) _____

Have you been convicted of a crime in the past ten years which has not been annulled, expunged or sealed by court? No Yes If yes, describe in full in "Comments" section on page 2 of this form.

Medical Concerns: _____

Glasses Contact Lenses Hearing Aid Braces Knee Problem Back Problem Hypertension Asthma

Physician Name: _____ Physician Phone: _____ Hospital Preference: _____

Student ONLY: School: _____ Grade: _____

Name of Class Requiring Service Hours: _____

Name of Instructor/Teacher: _____

EMERGENCY CONTACT:

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

VOLUNTEER/COMMUNITY SERVICE:

Project Name (as listed on website): _____

Special Skills or Talents: _____

Any restrictions (i.e. no heavy lifting): _____

Reason for Volunteering: _____

Number of Hours Needed: _____ Time Frame for Completion: _____

Complete the Volunteer Hold Harmless Agreement Form and bring it with you to your interview appointment. You will not be able to start your assignment until the completed, signed form is submitted.

Please forward this application to the Project Contact Person (if known) or to the First Selectman's Office, 55 Main Street, PO Box 187, Ellington, CT 06029; fax 860-870-3100; or e-mail info@ellington-ct.gov. Forms sent through e-mail can be signed during the interview process.

By signing this application I hereby agree to the Volunteer Acknowledgement as described on Page 2.

Applicant's Signature

Date

