



Please fill out the following information:

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Contact Numbers: Primary Ph. #: \_\_\_\_\_ Secondary Ph. #: \_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_

**\*Parents' Phone Name & Phone #:** \_\_\_\_\_

(\*required for students under the age of 18)

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(Please note that our volunteers hours generally run 8:30am-4:30pm, M-F, unless there is a special event)

Can you....

\_\_\_\_ Volunteer Afterschool? \_\_\_\_ Volunteer Weekends for special events? \_\_\_\_ Volunteer Summers?

Availability: **M T W TH F [Sat.] \* Morning - Afternoon - Any time**

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**Weekly \* Biweekly \* Monthly \* Special Events**

Best Hours of Availability: \_\_\_\_\_

Will you need a letter of hours completed for a teacher or supervisor? \_\_\_\_\_ By when? \_\_\_\_\_

How many hours do you need? \_\_\_\_\_ Due date to complete hours? \_\_\_\_\_

Can you lift at least 20-25 lbs.? \_\_\_\_\_

Can you bend easily? \_\_\_\_\_

Can you stand for a long period of time? \_\_\_\_\_

Can you sit for a long period of time? \_\_\_\_\_

Special Interests/Skills/Information you would like to share with us and reason for volunteering:

\_\_\_\_\_

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**PLEASE CHECK OFF ALL THAT APPLY:** (please understand that we may not always have openings in each category)

\_\_\_\_\_ **Food Pantry** (sorting donations/ stocking shelves) (Mon/Tues/Wed/ Fri. ONLY)

Best available days: \_\_\_\_\_

\_\_\_\_\_ **Assist with Food Composting Project**

Best available days: \_\_\_\_\_

\_\_\_\_\_ **Office projects (occasional opportunity)**

Best available days: \_\_\_\_\_

**Seasonal/Special Events:** \_\_\_\_\_ \*Walk a Mile for a Meal (3<sup>rd</sup> Sunday in Sept)

\_\_\_\_\_ \*Stamp Out Hunger food drive (2<sup>nd</sup> Saturday in May) \_\_\_\_\_ \* Holiday food & gift programs





TOWN OF NEW MILFORD  
10 MAIN STREET  
NEW MILFORD, CT 06776

*For Students  
Only*

**COMMUNITY SERVICE CONTRACT**

**Applicant information:**

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

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Medical Contact Information: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s) Name/Address: \_\_\_\_\_

Parent(s) Telephone \_\_\_\_\_ Cell: \_\_\_\_\_

**Volunteer Community Service Information:**

List any Work Limitations: \_\_\_\_\_

Location of Community Service: \_\_\_\_\_

Supervisor of Community Service Work: \_\_\_\_\_

Potential Schedule for Community Service:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Name & Address to Report Completed Hours: \_\_\_\_\_

(For example, School, Church) \_\_\_\_\_

**The supervisor of the community service work is responsible for tracking and recording the hours worked by the applicant. Upon completion of the required hours, written verification must be submitted to the Personnel Department. The Personnel Department will then issue a completion letter to the appropriate agency attesting to the completion of the hours worked.**