



Friendly Phone Call Volunteer Application for STUDENTS Form and Guidelines

Thank you for your willingness to help our seniors and persons with disabilities!
You will receive Community Service Hours in exchange for your help if you request them.

Please Complete and sign:

I, _____, give permission for my child* _____
to participate in the FRIENDLY PHONE CALL PROGRAM. (If requested Community Service hours can be
given if approved by the school).

Student Name: _____

Student Address: _____

Student Contact Number: _____

Student Email Address: _____

Parent's Signature: _____

Parent's Phone Number: _____

Guidelines:

- The Trumbull Senior Center will contact the student when a "friendly phone call" is requested. Student will be given a name, phone number, and best time to call.
- The Student understands that the phone number and name of the Trumbull resident is confidential and is not to be shared.
- Student agrees that no money or services will be exchanged between them and the resident. If the resident needs assistance with any services please contact the Trumbull Senior Center. Arrangements can be made.
- Student may send their Community Service Form to Ashley Grace at agrace@trumbull-ct.gov for signature.

If you have any questions, contact the Center at 203-452-5199. Please be sure to leave a message. Staff are monitoring phone calls.

Completed form and Liability Waiver may be scanned and emailed to agrace@trumbull-ct.gov. Your submission will be confirmed when received.

confidentiality: I agree to hold in confidence all information I become privy to regarding clients of the Trumbull Senior Center and Food Pantry. I accept full responsibility for maintaining the confidential nature of all records, client contacts and information marked confidential. I understand that I am personally responsible and fully liable for any violation of this agreement.

Student Signature and Date: _____

**RELEASE AND WAIVER OF LIABILITY
COMMUNITY SERVICE TRUMBULL STUDENTS ASSISTING SENIORS
& DISABLED PROGRAM**

This is a legally binding Release made by me _____ (please print full name) and my guardian if under the age of 18 _____ to The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider regarding my participation in the Students Assisting Seniors program for Community Service Hours.

I fully recognize that there may be direct, indirect or inherent risks and hazards involved in the activity of the SAS community service program and it is with full knowledge of the facts and circumstances surrounding the service activity and to the extent permitted by the State of Connecticut, that I release The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider from any liability whatsoever arising out of my participation in the SAS program. I assure The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider that there are no health-related reasons or problems which preclude or restrict my participation in the SAS Program.

Discharge all Liability: I understand that this Release discharges The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider from any and all liability for any injuries sustained, or property damage that may result in connection with the SAS program activities, whether caused by the negligence of the community service provider or other SAS participants. I also agree to assume all of the risks and responsibilities in any way associated with the SAS activities and understand that this Release and Hold Harmless agreement shall bind the members of my family, if I am alive, as well as my estate, family, administrators, personal representatives or assignees, and if I am deceased shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named parties. I further agree to save and hold harmless, indemnify and defend The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider from any claim by me or my family arising out of my participation in the SAS Program activities. If any term of the Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I understand that The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider does not carry or maintain any health, medical or disability insurance coverage for me. I understand that The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider does not assume any responsibility for or obligations to provide financial assistance, or other assistance, including medical, health or disability insurance in the event that I receive an injury or illness.

I Release all Later Claims. I also release and forever discharge The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider from any claim whatsoever which arises or may arise later from any first aid, medical treatment or other service provided in connection with the SAS Program activities. This Release is to be governed by the laws of the State of Connecticut, and the invalidity of any provision shall not affect the remaining provisions of this Release.

I freely, voluntarily and without duress execute this Release and Waiver of Liability and Discharge of Liability.

Date: _____

Participant Name (please print): _____

Participant Signature: _____

If under 18, Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____