



Volunteer Application

Trumbull Human Services
23 Priscilla Place
Trumbull, CT. 06611
(203) 452-5199



Opportunities are based on availability, Monday-Friday during business hours.

I, _____, give permission for my child* _____
to participate in the Human Services Department Volunteer Program. Community Service hours available.

1.) Name: _____ **Email (1):** _____

Address: _____ **Apt./Unit:** _____

City: _____ **State:** _____ **Zip:** _____

Phone (1): _____ **Phone (2):** _____

Emergency Contact: _____ **Relationship:** _____

Phone No.: _____

***Please provide a copy of a valid photo ID or Driver's License**

What type of volunteer work are you interested in? Please check one.

Food Pantry Reception Desk (computer work) Lunch Program Other:

VOLUNTEER : Supervision of volunteers closely parallels that of regular staff, since they are also expected to support the mission of the Senior Center and comply with the policies and procedures of the Town of Trumbull.

Initial here: _____

RESPECT FOR OTHERS: All staff, volunteers, members and visitors are required to treat each other in a respectful manner and without prejudice irrespective of gender, race, ethnicity, sexual orientation, religion or other characteristics. Members of the Center are expected to be mindful that in addition to being a place for leisure and activity, the Trumbull Senior Center is a workplace for its staff and volunteers. Therefore there must be respect for the staff and volunteer's rights to privacy and confidentiality in the fulfillment of their duties. The Trumbull Senior Center adheres to the Town of Trumbull policy which states "It is the Town of Trumbull's policy to promote a safe environment for its employees. The Town is committed to working with its employees to maintain a work environment free from violence, threats of violence, harassment, intimidation, coercion, and other disruptive behavior." Failure to do so could result in action being taken against staff or volunteers, and/or expulsion of participants from the Center. **Initial here:** _____

CONFIDENTIALITY: I agree to hold in confidence all information I become privy to regarding members and staff of the departments in the Town of Trumbull. No volunteer or employee shall willfully and knowingly disclose to any other person confidential information acquired. This includes gossiping and repeating hearsay. I will not remove from the building any electronic or written records, or copies. I accept full responsibility for maintaining the confidential nature of all records, member contacts and information marked confidential. I understand that I am personally responsible and fully liable for any violation of this agreement. **Initial here:** _____

In consideration of your accepting my registration, I hereby waive and release any and all rights and claims for damages I may have against the Town of Trumbull, its representatives, successors, and assigns, for any and all injuries or illness suffered from any activity in which I participate, and I authorize emergency medical treatment should I be unable to consent at some point in time. I agree to abide by the membership guidelines which are posted at the senior center.

Date _____ \ _____ \ _____ Applicant Signature _____

Parent's Signature (if applicable) : _____ Date: _____

Parent's Phone Number: _____

The Center at Priscilla Place
Trumbull Senior Center

MEMBERSHIP CODE OF CONDUCT

As guests, individuals can personally help the Senior Center maintain a warm, positive and safe environment; it is every member's right. The *Senior Center Code of Conduct*, which includes a dress code, provides guidelines for the actions of all who volunteer at and use the services of the Senior Center. All groups and individuals are expected to adhere to the Trumbull Senior Center's *Code of Conduct* when participating in programs, taking advantage of services or otherwise using the facilities.

The following will not be permitted:

- Activities that infringe on the rights of Senior Center participants or staff.
- Vandalism or theft of Senior Center materials, equipment, furniture or grounds.
- Inappropriate behavior or language that disturbs other participants.
- Infractions against the center's policies regarding loitering, sales or solicitation.
- Possession, use, or sale of alcohol or controlled substances.
- Racial, religious or sexual harassment of center participants or staff.
- Violation of smoking ordinances both inside and outside of the building.
- Inappropriate footwear or attire.
- Failure to maintain good hygiene.

It is the policy of the Senior Center to practice appropriate measures when handling participant misconduct. In keeping with that policy, The Town of Trumbull, through its Director, reserves the right to remove participants from facilities, programs and services via suspension periods determined by designated department staff representatives. Notification will be provided in writing.

First Offense:

- Speak with participant and discuss conduct policy and the inappropriate behavior.
- The incident will be documented.

Second Offense:

- Speak with the participant to discuss the conduct policy and inappropriate behavior.
- The incident will be documented, a correction plan will be agreed upon and signed by participant and staff member.

Third Offense:

- Suspend the participant from the Trumbull Senior Center as determined by the Trumbull Senior Center Director and/or appropriate staff. The length of the suspension will be determined by the severity of the incident.

Incidents of Imminent Danger: Participation will be discontinued immediately if the participant is engaged in illegal activity, presents a danger to themselves or others, or is physically or verbally abusive.

**RELEASE AND WAIVER OF LIABILITY for COMMUNITY SERVICE HOURS
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 Human Services Volunteer 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 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 volunteer 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 here are no health-related reasons or problems which preclude or restrict my participation in the 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 volunteer program activities, whether caused by the negligence of the community service provider or other program participants. I also agree to assume all of the risks and responsibilities in any way associated with the volunteer program's 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 volunteer 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: _____