



30 Todd Road
Shelton, CT 06484-5342
203.225.0453
f: 203.225.0459
www.actspooner.org

Volunteer Application

Please print

First Name.....Last Name.....
AddressCity/State/Zip.....
Telephone (Home)Telephone (Business)
Date of BirthEmail Address

NOTE: Anyone under the age of 18 must have a signed parental consent form.

Personal Information (please circle correct response):

Gender: Male Female

Physical Limitations: NO YES (Please Explain)
.....
.....

Education (highest level completed)

Grades 1-5 6-8 9-12 College Business Graduate School Technical/Vocational

Are you a student? YES NO

If yes, Name of School and Current Grade

List previous volunteer experience
.....
.....

Skills (List your skills and indicate proficiency level)

1.
2.
3.

Languages Fluent Read Write

1.
2.

Volunteer availability: (Please list preferred days and times and number of days and/or hours per week you would like to serve.)

.....
.....
.....

Can you commit to this schedule for three weeks at a time? YES NO

Is this community service court ordered? YES NO

If yes, please provide details on charges, number of hours required and date hours are to be completed.

What type of work would you like to do here?

Tell us why you want to volunteer at Spooner House :

Please list three personal references. Include phone numbers where and where they can be reached:

Name Phone-.....-.....

Name Phone-.....-.....

Name Phone-.....-.....

In an emergency, notify:

Name.....Relationship

Address

City/State/Zip.....Telephone

.....
Signature/Volunteer

.....
Date



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**Area Congregations Together, Inc.
Waiver of Liability**

In consideration of the opportunity afforded to me to participate on a voluntary basis for Area Congregations Together, Inc./Spooner House, I hereby waive any rights or cause of which any liability may or could accrue against Area Congregations Together or its officers and directors, collectively or individually, or any individual acting as its project coordinator. I am not an employee of Area Congregations Together nor am I working as an independent contractor. I am recognized as a volunteer without worker's compensation.

Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities during my commitment to volunteer for Area Congregations Together/Spooner House, and not disclose any confidentiality of the residents and/or clients.

.....
Signature/Volunteer

.....
Date

.....
Printed Name

.....
Witnessed By (STAFF)

.....
Date



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**Area Congregations Together, Inc.
Confidentiality Agreement**

I agree to comply with all privacy and confidentiality policies of Area Congregations Together, Inc./Spooner House (hereafter referred to as “the Agency”) while performing my volunteer community service work at the agency.

Any violation of these privacy and confidentiality policies will result in my immediate termination from community service at the Agency, as well as other consequences, legal or otherwise, which may be prescribed by law.

.....
Signature

.....
Date

.....
Printed Name

.....
Witnessed By (STAFF)

.....
Date



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**Area Congregations Together, Inc.
Parental Permission Slip**

I,
(*Name of Parent or Legal Guardian*)

give permission for my child,
to engage in volunteer work at Area Congregations Together, Inc./Spooner House
(hereafter referred to as “the Agency”).

I agree not to hold the Agency liable for any physical injury or damage to property which
may be incurred while my child is performing his/her volunteer work and/or community
service.

.....
Signature Date

.....
Printed Name of parent/legal guardian

.....
Witnessed By (STAFF) Date