



Volunteer Application – One Day Event

11 Pine Street Hamden, CT 06514

Susan Rubino, Coordinator srubino@hamden.com 203 777-2610 ext. 120

Patunia Medy, Volunteer Coordinator pmedy@hamden.com 203 777-2610 ext. 124

Event you are participating in: _____ **Date of Event** _____

Name _____ **Date of Birth** ____/____/____ **Age** _____ **Gender** _____

Address _____ **Zip Code** _____

Name of school you attend _____

Phone _____ **E-mail** _____

Identification/License number: _____ **State issued:** _____

In consideration of the experience to be received, I, _____ do hereby give my permission to participate in the completion of volunteer work overseen by the Youth Services Bureau. I assume all risks and hazards incidental to the conduct of the activity; agree to hold the Town of Hamden, it's officers, officials, employees, agents and servants harmless from all liability for property damage, physical harm, personal injury or death arising out of my child/dependent's experience as a volunteer, and I, for myself, my spouse, my child/dependent and on behalf of my heirs, assigns and next of kin waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable against the Town of Hamden and it's officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of his/her participation in the program. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

Print Name of Participant _____

Signature of Participant _____

Date _____

***If UNDER the age of 18 please provide the following information:**

In consideration of the experience to be received, I, _____ Parent/Guardian of _____ do hereby give my permission for my child/dependent named above to participate in the completion of volunteer work overseen by the Youth Services Bureau. I, for myself, my spouse, my child/dependent and on behalf of my heirs, assigns and next of kin assume all risks and hazards incidental to the conduct of the activity; agree to hold the Town of Hamden, it's officers, officials, employees, agents and servants harmless from all liability for property damage, physical harm, personal injury or death arising out of my child/dependent's experience as a volunteer, and I, for myself, my spouse, my child/dependent and on behalf of my heirs, assigns and next of kin waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable against the Town of Hamden and it's officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of his/her participation in the program. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

Print Name of Parent/Guardian/Chaperone _____

Signature of Parent/Guardian/Chaperone _____

Date _____