



**Hamden Youth Services**

**Bureau**

11 Pine Street  
Hamden, CT 06514

Tel: (203) 777-2610

Fax: (203) 562-3498

*Susan Rubino*

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*Youth Services Coordinator* Ext:120

Patunia Medy

[pmedy@hamden.com](mailto:pmedy@hamden.com)

**Volunteer Coordinator** Ext:124

**VOLUNTEER WORK/ COMMUNITY SERVICE  
PLACEMENT SITE**

Date: \_\_\_\_\_

**Organization/Company Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone/ Fax:**

\_\_\_\_\_

**Email:**

\_\_\_\_\_

**Website:**

\_\_\_\_\_

**Primary Contact Name:**

\_\_\_\_\_

**Primary Contact Phone/Fax:**

\_\_\_\_\_

**Primary Contact Email:**

\_\_\_\_\_



**Number of Volunteer/Community Service hours you are willing to provide:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Weekly:** \_\_\_\_\_

**Monthly:** \_\_\_\_\_

**Other: (Please Specify- Ex: Certain Events)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you be willing to take on more than one youth? Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_**

**Type of Volunteer/Community Service work your company/organization is able to provide:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any specific skills needed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I AGREE TO THE FOLLOWING:**

- 1.) Provide a safe, healthy work environment for all Volunteer/Community Service workers.
- 2.) Provide sufficient work, equipment and materials.
- 3.) Ensure the Volunteer/Community Service workers are supervised at all times.
- 4.) Provide a work environment free from harassment or discrimination of any kind.
- 5.) Provide Volunteer/Community Service work based on approved job descriptions.
- 6.) Provide each Volunteer/Community Service worker with the worksite rules and regulations.
- 7.) Notify Patunia Medy if the Volunteer/Community Service workers are not a good fit for your company. Ex: Tardiness, inappropriate behavior, and etc.
- 8.) Report any Volunteer/Community Service workers injuries and illnesses to Patunia Medy immediately.
- 9.) Agree to sign off on each hourly tracking sheet to ensure that each Volunteer/Community Service worker has completed their task and hours.
- 10.) The Town of Hamden is only acting as a conduit to provide organizations with a source of Volunteer for their activities The Town of Hamden asks that any Insurance Certificate be forwarded to the Town naming the Town of Hamden as an additional insured to your General Liability Policy in the minimum amount of \$1,000,000 each person and in aggregate.

I \_\_\_\_\_ do hereby give my permission to participate in the placement of volunteer/ community service work overseen by the Town of Hamden's 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 any and all liability for property damage, physical harm, personal injury or death arising out of my participation in the program, and I, for myself, 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 its officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of my participation in the program.

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Position**