

Groton Community Meals

Adult Volunteer Application

| | | |
|--------------------|-------------|------------|
| Name: | Email: | |
| Street: | City: | State/Zip: |
| Home Phone: | Cell Phone: | Age: |
| Emergency Contact: | | Phone: |

Do you have any physical limitations? ____No ____Yes

If yes, please explain: _____

Volunteering with GCM provides many opportunities including: kitchen support, cleaning and sanitation; food preparation and serving; food pick-up; office support and more.

Do you have special skills or interests that may be relevant to working with the Groton Community Meals?

Which Mondays are you able to volunteer for meals?

Circle all that apply: 1st 2nd 3rd 4th 5th (when applicable)

What time are you available?

☐ 3:00PM – 8:00PM

☐ 3:00PM – 5:30PM

☐ 5:30PM – 8:00PM

PLEASE NOTE: A copy of your **photo ID** is required for record-keeping purposes.
Please attach to volunteer application.

Submit completed applications by emailing
to volunteers@grotonmeals.org or mail to
119 High Street Mystic, CT 06355

Addendum for Court Ordered Community Service Volunteers

Reason for Court ordered service: _____

Personal reference (must be someone who is not related to you or living with you that have known you for at least one year):

Reference Name: _____

Reference Phone: _____

Reference Address: _____

Relationship to you: _____

I understand that I am responsible for keeping track of my hours worked and requesting a signed Hours Performed Form on the day worked.

I attest to the accuracy of the above: _____

Additional Comments:

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WAIVER AND RELEASE FORM RELEASE OF LIABILITY

In return for being allowed to participate in Groton Community Meals (GCM) volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned **Volunteer** (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the Groton Community Meals or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("GCM") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the GCM is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless GCM for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that GCM has not arranged and does not carry any insurance of any kind for my benefit or that of the Volunteer, my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I declare that I have not been convicted of a sexual offense, theft or violent crime

I also understand that this document is a contract which grants certain rights to and eliminates the liability of GCM.

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Volunteer signature: _____ **Date:** _____

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PUBLICITY RELEASE

In return for being allowed to participate in GCM volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer (hereafter referred to using "I", "me", or "my") hereby grants to GCM, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Volunteer signature: _____ **Date:** _____

FOR VOLUNTEER COORDINATOR USE ONLY

Adult Volunteer Checklist

Waiver and Release Form with Date & Signature: _____

New Volunteer Orientation/Interview Date: _____

Food Safety Training Date: _____

Civil Rights Training Date: _____

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