

# Groton Community Meals

## Minor 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](mailto:volunteers@grotonmeals.org) or mail to 119 High Street Mystic, CT 06355

# Volunteer Waiver and Release Form

Volunteer Name: \_\_\_\_\_

☐ **Check here if Volunteer is under age 18**

Contact E-mail (required): \_\_\_\_\_

Parent or Legal Guardian Email (required if Volunteer is under age 18): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**VOLUNTEERS MUST COMPLETE THE  
WAIVER AND RELEASE FORM**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED  
IF VOLUNTEER IS UNDER AGE 18**

## Groton Community Meals

c/o UBC  
119 High St.  
Mystic, CT 06355

admin@grotonmeals.org  
(860) 441-6785

**WAIVER AND RELEASE FORM  
RELEASE OF LIABILITY**

In return for being allowed to participate in Groton Community Meals volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned **Volunteer or Parent/Legal Guardian** of Volunteer if Volunteer is under age 18 (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 (if Volunteer is under 18), 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.

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**(Signature of Volunteer)**

Date

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.

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**(Signature of Parent/Legal Guardian)**

Date

I am the parent or legal guardian of the Volunteer. 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.

## **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 or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (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.

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**(Signature of Volunteer)**

Date

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.

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**(Signature of Parent/Legal Guardian)**

Date

I am the parent or legal guardian of the Volunteer. 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.

# Groton Community Meals

## VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)

### PARENTAL CONSENT REQUIRED

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer with the Groton Community Meals [GCM] at the Groton Senior Center.

I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by GCM and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold GCM, their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for GCM. I hereby release and discharge GCM, their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

X \_\_\_\_\_  
*Signature of Parent/Legal Guardian* *Date*

X \_\_\_\_\_  
*Printed Name of Parent/Legal Guardian* *Date*

( ) - ( ) - ( ) -  
*Phone Number(s) for Emergencies*

X \_\_\_\_\_  
*Signature of Volunteer Coordinator or GCM Designee* *Date*

X \_\_\_\_\_  
*Printed Name of Volunteer Coordinator or GCM Designee* *Date*

#### List Approved Responsible Adult:

First Name:

Last Name:

Address:

Phone number:

Relation to Minor:

***Please return this form in person to GCM Volunteer Coordinator prior at start of first volunteering session.***

## **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:** \_\_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Volunteer Application Summary Checklist

E-Application name on File: \_\_\_\_\_ Date: \_\_\_\_\_

Page 1 – Applicant Info & Schedule \_\_\_\_\_

Page 2 – Publicity Release Form Date signed: \_\_\_\_\_

Page 3 – Waiver & Release of Liability Date signed: \_\_\_\_\_

Page 4 – New Volunteer Interview Date & Interviewer’s name: \_\_\_\_\_

Page 5 – New Volunteer Orientation Date & Trainer’s name: \_\_\_\_\_

Page 6 – Food Safety Training Date & Trainer’s name: \_\_\_\_\_

Page 7 – Civil Rights Training /Title VI Date signed: \_\_\_\_\_

Other / Misc.

Addendum to Court Order [if needed] Date signed: \_\_\_\_\_

Updates