



**Covenant to Care for Children**  
*Helping Connecticut's  
 Children in Need.*

1477 Park Street  
 Suite 2A  
 Hartford, CT 06106  
 Telephone (860) 243-1806  
 Fax (860) 243-0100  
[www.covenanttocare.org](http://www.covenanttocare.org)

## **Volunteer Application**

*Please attach a resume or bio, if you have one, and a copy of your driver's license.*

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

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

If there is an emergency, we should call \_\_\_\_\_

Briefly, tell us how you heard about Covenant to Care for Children (CCC) and why you would like to volunteer here:

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

What kind of work would you like to do?

- \_\_\_ Office support (collating and assembling training materials, helping mailings, etc.)
- \_\_\_ Organizing resource materials, files, closets, etc.
- \_\_\_ Answering the telephone and making agency calls (meeting reminders, etc.)
- \_\_\_ Computer work (data entry, word processing, etc.)
- \_\_\_ Picking up and delivering furniture
- \_\_\_ Special Event

Please list any particular skills you have and would like to offer Covenant to Care for Children:

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

The CCC office is open 8:30 a.m. to 4:00 p.m., Monday though Friday.

Times you are available:

Monday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

*Over*



120 Mountain Avenue  
 Suite 212  
 Bloomfield, CT 06002  
 Telephone (860) 243-1806  
 Fax (860) 243-0100  
[www.covenanttocare.org](http://www.covenanttocare.org)

Do you have transportation? Yes \_\_\_ No \_\_\_

Do you have any special needs or requirements? Yes \_\_\_ No \_\_\_ If yes, please explain.

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**Waiver and Release**

I knowingly agree to serve as a Volunteer with Covenant to Care for Children (“CCC”). In consideration of CCC’s willingness to allow me to serve as a volunteer, and other good and valuable consideration, the sufficiency of which is hereby acknowledged, I knowingly and voluntarily waive any claims or causes of action I may have against CCC for injury(ies), illness(es) or damages suffered by me stemming from my volunteer activities for CCC. I further release CCC from liability for any damages I may suffer as a result of my volunteer activities for CCC.

As used herein, the term “Covenant to Care for Children” or “CCC” shall include CCC, its affiliates, successors, directors, officers, employees, agents and representatives. The term “Volunteer” shall include the Volunteer, his/her dependent(s), heir(s), executor(s) and administrator(s).

This Waiver and Release supersedes all prior negotiations and agreements, proposed or otherwise, written or oral, concerning the subject matter hereof. This instrument constitutes the entire agreement between or among the parties hereto with respect to the subject matter hereof.

This Waiver and Release shall be governed by the laws of the State of Connecticut, without regard to conflicts of laws principles.

**Protection of Private Information**

It is the policy of CCC to keep this and any other document that contains either the Social Security or personal information of the applicant in a locked file cabinet. Access to this file cabinet is limited to the Executive Director and Associate Director. In the event that a third party needs to view a document with either the Social Security number or personal information of the applicant, such information will be blocked out.

Program files, staff and volunteer files are not permitted to leave the CCC premises unless permission is granted by the persons named in the files or through court action.

CCC Representative	Printed Name	Date

Volunteer Signature	Printed Name	Date

Signature of parent/guardian if under 18 years of age:

Signature	Relationship	Date