



Angelica Fontanez, LCSW
 Director of Social Services

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<i>Town of Redding Volunteer Interest Form</i>	
Name	
Address	
Phone	
e-mail	
Years in Redding	
Occupation	
Reference #1	
Name	
Phone	
Reference #2	
Name	
Phone	
Other Information	
Please check off volunteer job opportunity such as	<input type="checkbox"/> Grocery Store errands <input type="checkbox"/> Food Pantry drop off <input type="checkbox"/> Friendly senior phone call service <input type="checkbox"/> Other: Please Describe interest _____
By signing below I hereby give The Town Of Redding Permission to request a background check through the Redding Police Department for the purposes of verifying my eligibility to volunteer	
Sign	
By signing below, I acknowledge that I understand that I have voluntarily and freely elected to participate in a Town of Redding social service activity. I voluntarily and fully take responsibility for all risks associated with my participation in said activity. In exchange for the Town of Redding allowing me to participate in said social service activity, I release and hold harmless the Town of Redding from any and all legal and financial responsibility for any harm, injury or illness that I might suffer as a result of my participation, even if the harm, injury or illness is caused by the Town of Redding's negligence.	
Sign	

Email: afontanez@townofreddingct.org • Website: www.townofreddingct.org
 please email application to above address or mail it to PO BOX 1118 Redding, CT 06875 or fax it to 203-938-5018