



State of Connecticut Department of Environmental Protection

Individual Volunteer Application

If you would like to volunteer your services or time with our Agency, please fill out the information below and send it to the volunteer coordinator listed on page 5.

Name (please print) _____ Date _____

Address _____

Town _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

E-mail: _____

Place of employment: _____

Should we need to reach you, may we call at work? Yes _____ No _____

Emergency contact: _____ Relationship _____

Contact phone #: _____

Have you volunteered at the DEP before? _____ Where? _____

When? _____ Tasks performed: _____

Please indicate the type of activity in which you are interested (indoor, outdoor, clerical, artistic, research, forestry, environmental health, writing, highway/river cleanup, recycling, interpretive/educational, safety, etc.)

Preferred location (s) -by order of choice: _____

Are you willing to travel to various locations? _____

Valid driver's license? _____ Yes _____ No _____ State, and number _____

If you are younger than 18 years old, enter your age: _____

Do you have an affiliation with related groups or organizations? (Audubon Society, garden clubs, volunteer groups, Friends groups, etc.) If yes, please indicate below

Experience (professional certifications, community service, training or special licenses) that may assist in your volunteer work (if any certificated or other licenses have expiration dates, indicate the dates)

Are you fluent in a language other than English? If yes, indicate which: _____

Have you ever been convicted under criminal or military law, forfeited bond or collateral, or are criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)

_____ Yes _____ No (If yes, attach a detailed explanation about the nature of conviction, degree of rehabilitation and, if applicable, how long it has been since you were released.)

I certify that the information on this application is correct. I authorize the Department of Environmental Protection to call my references to obtain information pertinent to my responsibilities as a volunteer for the DEP.

I agree to abide by the policies, directives and laws of the DEP. I understand that the first month is a trial period for both the DEP and myself, to see if my experience is a good match with the DEP.

Signature _____

Date _____

The Department of Environmental Protection is an equal opportunity/affirmative action employer, offering its services without regard to race, color, religion, national origin, age, sex, or disability. In conformance with the Americans with Disabilities Act, the DEP makes every effort to provide equally effective services for persons with disabilities. Individuals with disabilities needing auxiliary aids or services should call the State Parks and Public Outreach Division at (860) 424-3200 or TDD (860) 424-3333.

INDIVIDUAL VOLUNTEER APPLICATION - REQUEST FOR REFERENCES

POTENTIAL VOLUNTEER: _____
Print Name

Please provide the name of three references who know your abilities and interests:

1. Personal Reference

Name:

Phone Number:

Describe how long you have known this person and what type of relationship you have with this person.

1. Employment Reference (if applicable)

Name:

Organization:

Phone Number:

Describe your relationship with this organization, including duties performed and dates of employment.

2. Volunteer Reference (if applicable)

Name:

Organization:

Phone Number:

Describe your volunteer assignments and length of time you served with this organization.



**DEPARTMENT OF ENVIRONMENTAL PROTECTION
RELEASE OF LIABILITY FORM**

I, _____, intend to work as a volunteer with the
(Print Name)

Department of Environmental Protection under the auspices of

I will abide by all rules, policies, directives and laws of the Department of Environmental Protection. I hereby release the Department of Environmental Protection and its employees and agents from any liability for any accident or injury I might suffer during the course of my volunteer work with the exception of intentional acts or omissions committed by employees or agents of the Department of Environmental Protection.

Signed: _____

Date: _____

Witness _____
(Name)

Date: _____

Witness _____
(Name)

Date: _____

(Release of Liability Form
Volunteer Program
