



## Individual Volunteer Application

If you would like to volunteer your services or time with the Connecticut Department of Energy and Environmental Protection, you must complete and submit this entire application to the address indicated at the end of this form.

Groups need to complete and submit the Group Volunteer Application Form.

Please refer to "Volunteer Opportunities" on the DEEP website at [www.ct.gov/dep/volunteer](http://www.ct.gov/dep/volunteer)

### Part I: Individual Volunteer Information

1. Name: _____
Home Address: _____
City/Town: _____ State: ____ Zip Code: _____
Home Phone: _____
E-mail: _____
2. Place of Employment: _____
Should we need to reach you, is it permissible to call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone: _____ ext. _____ Fax: _____
3. Emergency Contact: _____
Relationship: _____
Emergency Contact Phone: _____
4. Have you volunteered for the DEEP before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, when: _____
Where: _____
Describe Tasks Performed: _____
5. Please indicate the type of activity in which you are interested (indoor or outdoor, clerical, artistic, research, forestry, environmental health, writing, highway/river cleanup, recycling, interpretive/educational, etc.): _____
6. Locations Preferred (in order of preference): _____

**Part I: Individual Volunteer Information (continued)**

7. Would you be willing to travel to various locations?  Yes  No

8. Do you have a valid Driver's License?  Yes  No

If yes, provide License Number: \_\_\_\_\_

9. If you are younger than 18 years old, enter your age: \_\_\_\_\_

10. Do you have any affiliation with related groups or organizations? (e.g., Audubon Society; Garden Clubs, Volunteer Groups, Friends Groups)  Yes  No

If yes, specify: \_\_\_\_\_

11. Describe experience (professional certifications, community service, training or special licenses) that may assist in your volunteer work (if any certificates or other licenses have expiration dates, indicate the dates):

\_\_\_\_\_

12. Are you fluent in a language other than English?  Yes  No

If yes, which ones: \_\_\_\_\_

13. When are you available to volunteer?

If you are available to volunteer on a regular basis, please select when:

<b>Days</b>	<b>Hours</b>
<input type="checkbox"/> Sunday	_____
<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Saturday	_____

If available to volunteer only on a specific date or time interval, please state when:

\_\_\_\_\_

Check here if additional sheets are necessary. Please label and attach them to this sheet.

**Part II: Release of Liability** (*minors need to have parents/guardians sign this part*)

I, \_\_\_\_\_, intend to work as  
(Print Name)  
a volunteer with the Department of Energy and Environmental Protection

I will abide by all rules, policies, directives and laws of the Department of Energy and Environmental Protection. I hereby release the Department of Energy and 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 including accidents or injuries that occur as the result of negligence, but not intentional acts or omissions, by employees or agents of the Department of Energy and Environmental Protection.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian Name (print), if applicable

\_\_\_\_\_  
Parent/Guardian Signature, if applicable Date

**Part III: Request for References**

Potential Volunteer 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:  
\_\_\_\_\_

2. Employment Reference

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

Organization: \_\_\_\_\_

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

Describe your relationship with this organization, including duties performed and dates of employment:  
\_\_\_\_\_

### Part III: Request for References (continued)

3. Volunteer Reference Name: _____ Organization: _____ Phone Number: _____ Describe your volunteer assignments and length of time you served with this organization: _____
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### Part IV: Certification

I certify that the information on this application is correct. I authorize the Department of Energy and Environmental Protection to call my references to obtain information pertinent to my responsibilities as a volunteer at the DEEP. I agree to abide by the policies, directives and laws of the DEEP. I understand that the first month is a trial match for both DEEP and myself, to see if my experience is a good match with the DEEP.	
_____ Signature	_____ Date
_____ Name (print or type)	

To volunteer for a State Park program, please submit this completed form to:

STATE PARKS AND PUBLIC OUTREACH DIVISION  
BUREAU OF OUTDOOR RECREATION  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL  
PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

To volunteer for **other than a State Park program**, please submit this completed form to:

OFFICE OF AFFIRMATIVE ACTION  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL  
PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

The Department of Energy and Environmental Protection is an affirmative action/equal opportunity employer and service provider. In conformance with the Americans with Disabilities Act, DEEP makes every effort to provide equally effective services for persons with disabilities. Individuals with disabilities who need this information in an alternative format, to allow them to benefit and/or participate in the agency's programs and services, should call 860-424-3035 or e-mail the ADA Coordinator at [DEEP.aaoffice@ct.gov](mailto:DEEP.aaoffice@ct.gov). Persons who are hearing impaired should call the State of Connecticut relay number 711.