

Baldwin Center Volunteer Application

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Education: (highest level completed) _____

Please list any physical limitations (if any): _____

How will you get to the Center? (Please check all that apply)

_____ Public Transportation _____ Walk _____ Your Personal Vehicle _____ Other

If other, please explain: _____

Please list previous volunteer experience (please include organization and volunteer responsibilities):

What special skills or areas of interest do you have? _____

Please indicate which volunteer roles you would like to be considered for: (please see attached volunteer position descriptions and hours)

_____ Reception/Greeter	Availability (Days & Hours):
_____ Lunch Program	_____
_____ Coffee Shop	_____
_____ Library	_____
_____ Program	_____
_____ Energy Assistance & Renter's Rebate	_____

Emergency Contact Information

Name: _____ **Relationship:** _____

Address: _____

Telephone (please list all phone numbers): _____

Certification Statement:

I understand that this is an application for, but not a promise of, a volunteer opportunity. I certify that I have and will provide information throughout the selection process, and that this information and any forthcoming, is true and accurate to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability, and that I have not, nor will not withhold any information that would unfavorably affect my application for a volunteer position.

Signature: _____

Date: _____

Baldwin Center Volunteer Descriptions

Reception/Greeter Volunteer Description

- ◆ **8:30 am – 12:30 pm (Shift 1 – Preferred Hours)**
- ◆ **12:30 pm – 4:00 pm (Shift 2 – Preferred Hours)**
- ◆ Provide reception desk coverage
- ◆ Monitor patrons entering and exiting the Baldwin Center, ensuring they have used their Member Key Tag to scan-in upon arrival, and scan-out upon departure
- ◆ Issue One-Day Visitor Passes to those considering Center Membership
- ◆ Manually sign-in and sign-out One-Day Visitors and have them sign Member Code of Conduct
- ◆ Manually sign-in and sign-out Social/Human Service Appointments and notify staff when appointment arrives
- ◆ Provide general Senior Center program/activity information

Lunch Program Volunteer Description

- ◆ **10:00 am – 1:00 pm**
- ◆ Assist CW Resources Site Manager with preparation and implementation of congregate meal program
- ◆ Complete lunch tray set-up
- ◆ Check-in those registered for lunch program and accept donations
- ◆ Deliver meals to those attending the congregate meal program
- ◆ Collect trays and run flatware through dishwasher

Coffee Shop Volunteer Description

- ◆ **8:00 am – 11:00 am**
- ◆ Make coffee and tea
- ◆ Fill and refill items for purchase in display case and refrigerator
- ◆ Collect payment for items purchased and issue change
- ◆ Wipe down table tops and counters at close
- ◆ Adhere to Health Department Food Safety Guidelines

Library Volunteer Description

- ◆ **Weekly/Upon Availability**
- ◆ Oversee and maintain the Baldwin Center's Library
- ◆ Receive book donations and stamp with Baldwin Center stamp
- ◆ Sort and organize books by genre and alphabetize by author

Program Volunteer Description

- ◆ **Hours will vary depending on if volunteer for regular programming or for special programming**
- ◆ Assist activity staff with preparation and implementation of special programs
- ◆ Take attendance for classes
- ◆ Take class payments and provide to Senior Center Supervisor

Energy Assistance & Renter's Rebate Volunteer Description

- ◆ **Hours will vary depending on benefit program time frames and deadlines**
- ◆ Assist Social Services Department with processing applications for benefits



TOWN OF STRATFORD
Background Consent/Release Form

Employee's Legal Name (printed)

Social Security Number

Date of Birth

Employee's Address

City

State

Zip

I, _____, authorize and give consent for the Town of Stratford to obtain information regarding myself. This includes the following (check all that apply):

- Motor Vehicle Check (Driver's License)
- Social Security Verification
- Criminal Background Records/Information
- Sex Offender Registry Check
- Address Verification & History
- Workers Compensation History

The undersigned hereby authorizes this information to be obtained either in writing or via telephone. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the Town's guidelines. With respect to any information received by the Town as a result of this authorization that is subject to State and Federal prevailing law, the Town will handle the information in accordance with applicable laws.

Date: _____

Print Name: _____

Signature: _____

If under 18, Parent Signature Required: _____

Baldwin Center Volunteer Check-List

Applicant Name: _____

We deeply thank you for your interest in becoming a volunteer at The Baldwin Center. In order to complete your volunteer application, you will need to provide the following documentation:

_____ Driver's License or Other State Issued ID (front & back)

_____ Proof of COVID-19 Vaccination

_____ Background Consent/Release Form