

Guilford Interfaith Ministries

310 State St, Unit 200 Guilford, CT 06437
(203) 453-8359

Meals-on-Wheels
Friendly Visiting
Guilford Food Bank
Charlie's Closet
(Medical equipment)



APPLICATION FOR VOLUNTEERS

Name _____

Address _____

Phone _____

Day you are available to drive regularly _____

Are you willing to be on the substitute list? Yes ___ No ___

If yes, on which days? M ___ T ___ W ___ Th ___ F ___

How often can you drive? Weekly ___ Bi-weekly ___ Monthly ___

Are you willing to drive in winter weather? Yes ___ No ___

Do you have a 4-wheel drive vehicle? Yes ___ No ___

Please supply the name and telephone number of a person who will provide a character reference: Name _____

Phone _____

OPTIONAL: Are you a member of a local congregation? Yes ___ No ___

If so, which one? _____

VOLUNTEER WAIVER FORM

The undersigned hereby agrees to voluntarily help in the delivery of meals (and/or other services) to homebound individuals accepted for such service by Guilford Interfaith Ministries, Inc. I agree to provide my own transportation in making such deliveries (and related services) and agree to obtain my own automobile insurance, hereby agreeing to waive and release Guilford Interfaith Ministries, Inc. from any claims arising from my activities in delivering such meals and services.

Date _____ Signature _____