



**Agency on Aging of South Central Connecticut
Food and Medication Delivery Assistance
Volunteer Registration**

First Name: _____ Last Name: _____

Home Address: _____

Town: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Preferred phone: _____ Home Phone or _____ Cell

Are you currently affiliated with AOASCC? _____ Yes _____ No

Do you have a background check on file with the police? _____ Yes _____ No

Have you ever failed a background check? _____ Yes _____ No

How would you like to volunteer? Please check all that apply:

_____ Purchasing/Food Pantry pickup and Delivery of food

_____ Monitor the Food Drop at the AOASCC office

_____ Monitor the Food Drop at the AOASCC office and deliver to local food pantries

_____ Pickup and Delivery of Medications _____ Friendly Calling

Which towns would you be able to deliver? Please check all that apply:

Ansonia Bethany Branford Derby East Haven

Guilford Hamden Madison Meriden Milford

New Haven North
Branford North Haven Orange Oxford

Seymour Shelton Wallingford West Haven Woodbridge

Please return completed application either by email, fax or post.

Tom Davis, ADRC Coordinator

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Agency on Aging of South Central Connecticut

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