



40 Fairbank Road • Sudbury, Massachusetts • 01776-1681  
Phone: (978) 443-3055 • Fax: (978) 443-6009 • E-mail: [senior@town.sudbury.ma.us](mailto:senior@town.sudbury.ma.us)

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### Volunteer Application Form

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

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Email: \_\_\_\_\_

General Health: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

What is your past or present occupation?

What is your employment history? (include most recent company, position, supervisor's name and phone/email)

What are your special skills, hobbies and/or interests?

What are your past or present volunteer or community service experiences? (include organization/agency, position, supervisor's name and phone/email)





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CHAPTER 6, §172C CORI REQUEST FORM

The Sudbury Senior Center/Council on Aging is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, §172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or a community-based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled person or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

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**APPLICANT/EMPLOYEE INFORMATION (PLEASE WRITE CLEARLY)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ LAST 6 DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ (include state of issue) \_\_\_\_\_

**INCLUDE PHOTOCOPY OF FRONT and BACK OF DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION**

As a prospective or current employee, subcontractor, volunteer, license applicant, or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Sudbury Senior Center/Council on Aging to submit a CORI check for my information to the DCJIS. This authorization is valid one year from the date of my signature. I may withdraw this authorization at any time by providing the Sudbury Senior Center/Council on Aging with written notice of my intent to withdraw consent to a CORI check. The Sudbury Senior Center/Council on Aging may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Sudbury Senior Center/Council on Aging must provide me with written notice of this check.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR OFFICE USE ONLY**

THE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE



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## CONFIDENTIALITY POLICY AND AGREEMENT

Volunteers and staff members who work for the Sudbury Senior Center or its programs are committed to respecting the privacy and confidentiality rights of the seniors and family members we serve. We recognize that each individual has a right to dignity and privacy.

We are also required to abide by the Executive Office of Elder Affairs Privacy and Confidentiality Regulations. The names, addresses, telephone numbers, or other identifying information about seniors in the possession of the Senior Center are not a public record. When a staff member or volunteer receives this information as the result of service to a client, it must be held in confidence.

Confidentiality protects the pride and the privacy of our clients, and it is necessary because staff and volunteers may be exposed to details of seniors' lives which ordinarily would be private. Discussion of these private matters must be limited to the Volunteer Coordinator, Outreach Coordinator and the Director of the Sudbury Senior Center.

If you become concerned about the condition or safety of a senior you serve, tell the Volunteer Coordinator, Outreach Coordinator, or the Director; except at their direction, volunteers should not contact a senior's family or medical professionals, unless in an emergency situation.

*I understand Sudbury Senior Center clients' rights to privacy, and I agree to protect the confidentiality of those I serve on behalf of the Sudbury Senior Center.*

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Print Volunteer name

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Date

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Volunteer signature



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**Photo Permission and Release Form**

I hereby grant permission to the Sudbury Senior Center to take my photograph while engaged in volunteer work, and to post it, with my name identified, on its Web site or in other Sudbury Senior Center printed publications without further consideration.

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

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ date \_\_\_\_\_

OR

I, prefer that you do NOT take my photograph while engaged in Volunteer work for the Sudbury Senior Center.

Signature: \_\_\_\_\_ date \_\_\_\_\_



Sudbury Senior Center  
Council on Aging  
Town of Sudbury, Massachusetts

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**Waiver of Liability and Hold Harmless Agreement  
Sudbury Senior Center Volunteer participating in Volunteer Role**

I, \_\_\_\_\_, the undersigned, voluntarily agree to participate in one or more of the Town of Sudbury Senior Center Volunteer Roles, including but not limited to those listed in APPENDIX 1 enclosed. These services/roles may take place at a senior's residence, the Senior Center, within my automobile, a Town building, or local or non-local office or business.

I am aware and acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, is extremely contagious, and is believed to be spread mainly from person-to-person contact. While the Town of Sudbury Senior Center has taken measures in an effort to reduce the spread of COVID-19, I acknowledge that the Town cannot guarantee that I will not become infected with COVID-19 and I acknowledge that participating in any Volunteer Program or Volunteer Role may increase my risk of contracting COVID-19.

I understand the symptoms listed in Appendix 2, and prior to carrying out any volunteer work/role in any Senior Center volunteer capacity, I will affirm that:

I, as well as all household members, do not currently have, nor have experienced the symptoms listed in Appendix 2 within the last 14 days.

I, as well as all household members, have not been diagnosed with COVID-19 within the past 14 days.

I have not been considered a "close contact" to someone who has been diagnosed with COVID-19 or is awaiting COVID-19 test results at this time.

I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 14 days.

I, as well as all household members, have not traveled outside of the country, or to any US state or city considered to be a "hot spot" for COVID-19 infections within the past 14 days. If I or any household member have traveled outside of MA within the past 14 days, we have complied with all current travel requirements in place by the State of MA related to COVID-19.

I agree to notify the appropriate staff of the Senior Center immediately if I experience symptoms listed in Appendix 2, have confirmed exposure to the virus, or I have tested positive for the virus within 30 days of carrying out volunteer work for the Senior Center.

I understand the hazards of COVID-19 and am familiar with the CDC (Center for Disease Control) guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.

I agree to comply with all safety protocols as required by the Senior Center, including wearing a mask at all times when in my volunteer role(s), and other protocols issued by the CDC which are subject to change.

Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby choose to participate in one or more of the Volunteer Programs or Volunteer Roles.

I understand that by participating in a Volunteer Program or Volunteer Role, I might be in situations where maintaining 6 feet of distance might not be possible.

I acknowledge and fully assume the risk of illness or death related to any and all illness or injury, including, but not limited to, COVID-19, arising from my participation in a Volunteer Program or Volunteer Role. I agree to forever release, waive, discharge, and covenant not to sue the Town of Sudbury and the Sudbury Senior Center, and all their employees, officials, agents, board members, other volunteers and any and all individuals involved in the Volunteer Programs/Roles, from any liability related to any and all illness or injury, including, but not limited to, COVID-19, which might occur as a result of my participation in a Volunteer Program or Volunteer Role.

The terms of this Release shall also be binding as to any other persons, including family members, heirs, executors, or administrators. I understand that this is a binding contract that supersedes any other agreements or representations and is intended to provide a comprehensive release of liability but is not intended to assert any defenses which are prohibited by law. If any part of this Release is deemed unenforceable, all other parts shall be given full force and effect.

In signing this agreement, I acknowledge and represent that I have read the foregoing "Waiver of Liability and Hold Harmless Agreement," understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least 18 years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

## **APPENDIX 1 - List of Sudbury Senior Center Volunteer Programs and Volunteer Roles**

Fix-It Home Repair Volunteer Program  
F.I.S.H. (Friends in Service Helping) Volunteer Program  
Baked Goods Volunteer Program  
Council on Aging  
Friendly Visitor Volunteer Program  
Phone Buddies Volunteer Program  
Sand Bucket Delivery Volunteer Program  
Leader/Moderator of class/program/presentation  
Newsletter Collator  
Special Events Helper  
Grocery Shopping Volunteer Program  
Soup's On Volunteer Program  
Goodnow-to-Go Volunteer Program  
Kitchen Helper  
Home-Delivered Mid-Day Meal (Meals on Wheels) Driver  
Intergenerational Projects (LINC)  
SHINE Counselor  
Medical Escort  
Trip Coordinator  
Special Projects  
Support Group Leader  
English Tutor  
Leaf Removal  
Legal Counseling  
Audiologist  
Technology Support  
Tax Support  
Administrative and/or Technical Assistance

## **APPENDIX 2 - COVID-19 Symptoms**

People with COVID-19 have had a wide range of symptoms reported- ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever (100.4 or higher)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea



## Sudbury Senior Center Volunteer Rights and Expectations

A volunteer has the right to:

- work in a healthy and safe environment
- only undertake tasks that he/she/they are comfortable with, or are physically capable of performing to an adequate standard.
- be given tasks that match his/her/their personal goals, skills and motivation as far as is possible
- have a description of the volunteer role(s)
- be provided with sufficient training to do the volunteer role(s).
- receive other support and training if necessary.
- have his/her/their confidential and personal information dealt with in accordance with the principles of the Privacy Act
- have access to a grievance procedure
- understand the lines of supervision by the staff at the Senior Center

A volunteer is expected to:

- Respect confidentiality and privacy
- Be punctual, reliable, and accountable
- Carry out the duties listed in the volunteer job description(s)
- Give notice if his/her/their availability changes or if he/she/they are resigning
- Report any injuries or hazards that he/she/they notice in the workplace
- Report any concerns or needs that he/she/they have about the senior being serviced
- Adhere to the Senior Center's policies and procedures
- Undertake training as requested
- Ask for support when needed

I, \_\_\_\_\_, understand my rights as a volunteer of the Sudbury Senior Center.

I understand the expectations of being a volunteer of the Sudbury Senior Center and I pledge to meet them.

I understand that at any time I can turn down a request to volunteer, change my mind about taking on a volunteer role, or resign from my volunteer position.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_



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VERIFICATION OF DOCUMENTS RECEIVED  
To be completed by Sudbury Senior Center volunteer

Name: \_\_\_\_\_  
(print)

Volunteer Position(s): \_\_\_\_\_

I have received copies of the Sudbury Senior Center volunteer documents listed below and understand that I am responsible for reading and understanding their contents:

- Volunteer Job Description
- Confidentiality Policy and Agreement
- Health and Emergency Procedures

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

Thank you for volunteering with the Sudbury Senior Center!