



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

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.

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 _____

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.

Print Volunteer name

Date

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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**Sudbury Senior Center Volunteer
Release of Claims, Indemnity and Hold Harmless Agreement**

I, _____, the undersigned, voluntarily agree to participate in any or all of the Town of Sudbury Senior Center Volunteer Programs, including, but not limited to, the provision of services at the residence of a participant, the Sudbury Senior Center, a town building or local or non-local office or building (the “Volunteer Programs”).

I also agree, on behalf of myself, my heirs, and personal representatives, to forever release, indemnify, reimburse, defend, and hold harmless the Town of Sudbury (“Town”), the Sudbury Senior Center, and all their respective successors, assigns, employees, agents, staff, board members, representatives, officers, volunteers, contractors, and any and all individuals involved in the Volunteer Programs (together with the Town, the “Releasees”), from and against any and all claims, actions, proceedings, rights of action, causes of action, damages, costs, loss of services, expenses, compensation, and attorneys’ fees that may have arisen in the past, or may arise in the future, directly or indirectly, arising from known and unknown personal injuries, illness, death, or property damage (together, “Claims”), resulting from my participation as a volunteer in the Volunteer Programs.

I further affirm and acknowledge that I have read this Release of Claims and understand its content. I understand that my participation as a volunteer in the Volunteer Programs is voluntary and that I am free to choose not to participate. As such, I understand that I cannot make any Claims against the Releasees or any agency for which I am volunteering. By signing this Release of Claims, I affirm that I have agreed to participate in the Volunteer Programs with full knowledge that the Releasees will not be held liable to anyone for any Claims I may have as a result of my participation in the Volunteer Programs as a volunteer.

Signed: _____ Date: _____

Print name: _____

Address: _____ Town: _____

Phone: _____

Email: _____

**PLEASE RETURN THIS COMPLETED FORM TO:
SUDBURY SENIOR CENTER, 40 FAIRBANK RD., SUDBURY, MA 01776**

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!