



AMESBURY COA

Annmary I. Connor, LICSW
Amesbury Council on Aging Director
68 Elm Street
Amesbury, MA 01913-2892

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Amesbury Council on Aging Volunteer Application

First Name _____ M.I. ____ Last Name _____

Address _____

Telephone# _____ Other Number _____

Volunteer Opportunities

- | | | |
|---|---|--|
| <input type="checkbox"/> Admin duties | <input type="checkbox"/> Friendly visitor | <input type="checkbox"/> Pen & Ink |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Gardener | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Bingo caller or snacks | <input type="checkbox"/> Graphics | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Blankets for kids | <input type="checkbox"/> Handyman | <input type="checkbox"/> Seasonal landscaper |
| <input type="checkbox"/> Book Buddies Program | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Shopping Assistant |
| <input type="checkbox"/> Bowling Coordinator | <input type="checkbox"/> Intergenerational | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Cable Show | <input type="checkbox"/> Kitchen assistant | <input type="checkbox"/> Special Event Coor. |
| <input type="checkbox"/> Capital Campaign | <input type="checkbox"/> Knitter | <input type="checkbox"/> Special Event helper |
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Low Vision Support | <input type="checkbox"/> Sunshine Cards |
| <input type="checkbox"/> Computer Instructor | <input type="checkbox"/> Medical Escort | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Computer Technician | <input type="checkbox"/> M.O.W. | <input type="checkbox"/> Telephone Reassurance |
| <input type="checkbox"/> Driver | <input type="checkbox"/> N.E.E.T. Program | <input type="checkbox"/> Thrift Shop |
| <input type="checkbox"/> Entertainer | <input type="checkbox"/> Newsletter helper | <input type="checkbox"/> Trips & Tours |
| <input type="checkbox"/> Food Delivery | <input type="checkbox"/> Party Coordination | <input type="checkbox"/> Walking Group |

Other _____

Please specify which days and hours you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time Start					
Time End					

Please summarize skills and experiences that will you have which will be helpful to your volunteer position.

References (preferably other volunteer positions, work, not those related to you)

1. _____
Name address phone relationship

2. _____
Name address phone relationship

3. _____
Name address phone relationship

If you are interested in transporting seniors in your car, do you have a valid Massachusetts Drivers License, please list the license number: _____

Do you currently have automobile insurance? _____

(PRINT NAME)

I _____ certify that answers provided are true and complete to the best of my knowledge.

Signature of applicant _____ Date _____



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Confidentiality Policy

Purpose of Policy

To establish policies and procedures for volunteers regarding the confidential treatment of information received from or relating to senior citizens served by Amesbury Council on Aging.

Policy

Any and all information regarding participants or individuals served by Amesbury Council on Aging will be held in complete confidence by volunteers.

Guidelines

- Amesbury Council on Aging volunteers will not divulge any information regarding Amesbury Council on Aging participant and those using Amesbury Council on Aging services to any other person with only the exceptions noted below. "Information" includes, but is not limited to, names, addresses, telephone numbers, dates of birth, medical information, emergency contact information, attendance records, class lists, transportation logs, meal lists. In addition, personal information confided to volunteers with a reasonable expectation of privacy is also considered to be confidential.
- Exceptions to guidelines include:
 - An exception to this is the continuing responsibility of the Council on Aging to share personal information in protective services and elder at risk cases; share personal information if required as a condition of receiving a government contract, program grant or other benefit; or share personal information as otherwise required by law.
 - Information which is required for proper administration of a particular program.
 - Referrals may be made to the Amesbury Council on Aging Director when there is concern for the senior's well being.
 - Information may be disclosed to other individuals and/or agencies with the senior's written authorization permitting such disclosure.
- Volunteers should be particularly aware of conversations that may be overheard by others.
- Any questions regarding confidentiality issues shall be addressed to the Amesbury Council on Aging Director.
- Any breach of confidentiality by a volunteer shall be reported to the Director and may be considered grounds for dismissal.

Signature: _____

Date: _____

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Amesbury Council on Aging-68 Elm St _____ is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. Amesbury Council on Aging has authorized Amesbury Council on Aging Director-A. Connor _____ to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Amesbury Council on Aging _____ to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Amesbury Council on Aging _____ with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact Amesbury COA/Annmary Connor, Director to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Amesbury Council on Aging _____, on behalf of City of Amesbury _____, may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Amesbury Council on Aging _____ must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

I, _____, certify that I have read and understand the information in this Volunteer packet.

Print Name: _____

Signature: _____ Date: _____