



# AMESBURY COUNCIL ON AGING

Accredited by   
National Institute of Senior Centers



68 Elm Street  
Amesbury, MA 01913

Phone: 978-388-8138  
Fax: 978-388-8144

## Amesbury Council on Aging Volunteer Application

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Other Number \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Contact Telephone # \_\_\_\_\_

### Volunteer Opportunities

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Activities             | <input type="checkbox"/> Friendly visitor   | <input type="checkbox"/> N.E.E.T. Driver       |
| <input type="checkbox"/> Admin duties           | <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Newsletter helper     |
| <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"/> Greenleaf          | <input type="checkbox"/> Seasonal Yard Help    |
| <input type="checkbox"/> Book Club              | <input type="checkbox"/> Greeter's Desk     | <input type="checkbox"/> Snow Removal          |
| <input type="checkbox"/> Computer Instructor    | <input type="checkbox"/> Handyman           | <input type="checkbox"/> Special Events        |
| <input type="checkbox"/> Computer Technician    | <input type="checkbox"/> Intergenerational  | <input type="checkbox"/> Tax Preparation       |
| <input type="checkbox"/> Entertainer            | <input type="checkbox"/> Kitchen assistant  | <input type="checkbox"/> Telephone Reassurance |
| <input type="checkbox"/> Finance                | <input type="checkbox"/> Knitter            | <input type="checkbox"/> Thrift Shop           |
| <input type="checkbox"/> Food Delivery          | <input type="checkbox"/> Low Vision Support | <input type="checkbox"/> Trips & Tours         |
| <input type="checkbox"/> Food Preparation       | <input type="checkbox"/> Meals on Wheels    | <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					

### *Mission Statement of the Amesbury Council on Aging*

*To advocate for older adults, to identify their needs, to meet their health, economic, social and cultural needs, to encourage maximum independence and to improve their quality of life.*

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

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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 wellbeing.
  - 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: \_\_\_\_\_

Reviewed 12/2016

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

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Amesbury COA \_\_\_\_\_ 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.

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 COA 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 COA written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

the Amesbury COA \_\_\_\_\_ may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Amesbury COA 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



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## Recreational and Volunteers Activities Release Form

I, the undersigned (insert name) \_\_\_\_\_, do hereby consent to my participation in voluntary or recreation programs of the City of Amesbury.

I also agree to forever release the City of Amesbury, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the Town/City ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Amesbury voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Amesbury voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the City of Amesbury as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities Town/City or recreation programs.

Participant signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

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