AMESBURY COA

Doreen Brothers, MA, LSW, CPT
Amesbury Council on Aging Director
68 Elm Street
Amesbury, MA 01913-2892

Tel: (978) 388-8138
Fax: (978) 388-8144
Email: brothersd@amesburyma.gov

Amesbury Council on Aging Volunteer Application

First Name _____ M.I. ____ Last Name _____

Address _____

_____

Telephone# _____ Other Number_____

Volunteer Opportunities

- ☐ Admin duties
- ☐ Arts and Crafts
- ☐ Bingo caller or snacks
- ☐ Blankets for kids
- ☐ Book Club
- ☐ Cable Show
- ☐ Computer Instructor
- ☐ Computer Technician
- ☐ Entertainer
- ☐ Finance
- ☐ Food Delivery
- ☐ Food Preparation
- ☐ Friendly visitor
- ☐ Gardener
- ☐ Graphics
- ☐ Greenleaf Aid
- ☐ Greeter's Desk
- ☐ Handyman
- ☐ Intergenerational
- ☐ Kitchen assistant
- ☐ Knitter
- ☐ Low Vision Support
- ☐ M.O.W.
- ☐ N.E.E.T. Driver
- ☐ Newsletter helper
- ☐ Photographer
- ☐ Receptionist
- ☐ Seasonal Yard Help
- ☐ Snow Removal
- ☐ Special Events
- ☐ Sunshine Cards
- ☐ Tax Preparation
- ☐ Telephone Reassurance
- ☐ Thrift Shop
- ☐ Trips & Tours
- ☐ 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 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

Updated 5/2017

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