



Volunteer Application

Date: _____

Name: _____

Date of birth: _____

Residential address:

street

city

state & zip

Mailing address: (if different than above)

Email address: _____

Home phone number: _____

Cell phone number: _____

Which phone number is your preferred number? _____

Do you communicate via text? _____

Do you check your emails throughout the day? _____

If not, how often do you check your email? _____

Emergency contact name: _____

Relationship of emergency contact: _____

Phone number of emergency contact: _____

What is your educational, employment and volunteer background? What do you love to do?

How did you hear about volunteering at the Duxbury Senior Center?

What is your availability? *(please check)*

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 8 am to Noon	<input type="checkbox"/> 8 am to Noon	<input type="checkbox"/> 8 am to Noon	<input type="checkbox"/> 8 am to Noon	<input type="checkbox"/> 8 am to Noon
<input type="checkbox"/> Noon to 4 pm	<input type="checkbox"/> Noon to 4 pm	<input type="checkbox"/> Noon to 4 pm	<input type="checkbox"/> Noon to 4 pm	<input type="checkbox"/> Noon to 4 pm

Volunteer Agreement: I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I volunteer my services through the Duxbury Council on Aging and associated programs. I understand that my job assignment may change as the needs of the Council on Aging change.

Confidentiality Policy and Agreement: It is very important that volunteers respect the confidentiality of seniors they work with. Any information you receive as a result of your service to a senior must be held in confidence. Discussion of these private matters must be limited to the Director of the Duxbury Council on Aging, the Community Services Manager, and the Volunteer Manager. By signing below, I confirm that I have read and understand the above, that I understand all volunteers age 18 or older are required to have a CORI background check prior to working with seniors, and that any criminal record may disqualify me from serving as a Council on Aging volunteer.

Signature:

Date:

Please check off areas you are interested in learning more about:

<input type="checkbox"/> Blood pressure clinic	<input type="checkbox"/> Intergenerational activities – e.g. Credit for Life, helping in schools
<input type="checkbox"/> Café/Deli Cashier	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Custodial Assistant	<input type="checkbox"/> Lifelong Learning Committee or instructor
<input type="checkbox"/> Deliver bread	<input type="checkbox"/> Lobby ambassador
<input type="checkbox"/> Friends of the COA Board and fundraising events	<input type="checkbox"/> Medical driving
<input type="checkbox"/> Front Desk Administrative assistant - e.g. data entry, making reminder calls	<input type="checkbox"/> Sandwich maker
<input type="checkbox"/> Home Delivered Meals - baker	<input type="checkbox"/> Servers
<input type="checkbox"/> Home Delivered Meals - driver	<input type="checkbox"/> Set tables for daily meals, special events
<input type="checkbox"/> Home Delivered Meals - packer	<input type="checkbox"/> Special events – e.g. Booked for Lunch, White Elephant Sale help

What other areas interest you?

Please add any additional information to assist us to place you in an appropriate role:

VOLUNTEER CONSENT AND RELEASE FORM

I, the undersigned, do hereby consent to my participation in the following voluntary program with the Council on Aging for the Town of Duxbury.

I also agree to forever release the Town of Duxbury, all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary programs for the Town of Duxbury (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 others, and/or property damage resulting from my participation in the Town of Duxbury voluntary 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 others and/or property damage resulting from my participation in the Town of Duxbury voluntary programs.

I further affirm that I have read this Volunteer Consent and Release Form and that by signing this Form, I understand the contents of this form with full knowledge that the Releasees will not be liable to anyone for personal injuries or property damage that I may suffer or cause during my volunteer participation.

Volunteer Participant Signature:

Received by Town of Duxbury

Print name: _____

Date: _____

Date: _____

Copy to:

Volunteer Participation
Town of Duxbury



Duxbury Senior Center
10 Mayflower Street
Duxbury, MA 02332

Please attach a copy of
your driver's license

Massachusetts General Laws Chapter 6, §172C CORI REQUEST FORM

The Duxbury Council On Aging requests all available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172C, which 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 in 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 persons 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 INFORMATION

Last Name First Name Middle Name Email Address

Date of Birth Place of Birth Gender Phone No.

XXX-____-_____
*Last 6 digits of Social Security Number *ID Theft Index PIN (if applicable) Father's Full Name*

Mother's Full Name Mother's Maiden Name

Current Address and Years at this residence

Former Address

Driver's License Number and Issuing State Height Weight Eye Color

By signing below, I provide my consent to a CORI check and acknowledge that the information I provided is true and accurate.

Signature Date

FOR OFFICE USE ONLY:

SUBMITTED BY: _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

**The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.*