



Volunteer Application

Date: _____

Name: _____

Date of Birth: _____

Residential Address:

Street *City* *State & Zip*

Mailing Address: (if different than above)

Street *City* *State & Zip*

Cell Phone Number: _____

Home Phone Number: _____

Preferred Phone Number: _____

Do you communicate via text? _____

Email Address: _____

Do you check your emails throughout the day? _____

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

Emergency Contact Name: _____

Phone Number of Emergency Contact: _____

Relationship of Emergency Contact: _____

References:

Name: _____

Relationship to you: _____

Phone number: _____

Name: _____

Relationship to you: _____

Phone number: _____

What are your interests, skills and hobbies?

What is your educational, employment and volunteer background?

What is your passion? What do you love to do?

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

Areas in which you are interested in volunteering:

1. _____
2. _____
3. _____

The information contained in this application is true and complete to the best of my knowledge, and I understand that, if employed; falsified statements on this application shall be grounds for dismissal.

Signature: _____

Date: _____

Please check off areas you are interested in:

- | | |
|---|--|
| <input type="checkbox"/> Bingo/games | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Blood Pressure Clinic | <input type="checkbox"/> Library |
| <input type="checkbox"/> Café | <input type="checkbox"/> Lifelong Learning Committee |
| <input type="checkbox"/> Council on Aging Board | <input type="checkbox"/> Lifelong Learning Facilitator |
| <input type="checkbox"/> Credit For Life | <input type="checkbox"/> Medical Driver |
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Newsletter Delivery |
| <input type="checkbox"/> Decorating/Flower Arranging | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Deliver Bread | <input type="checkbox"/> Professional Assistance |
| <input type="checkbox"/> Events – Black Tie Bingo, Golf Tournament, Summer Concerts | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Friends of the Council on Aging | <input type="checkbox"/> Respite Social Day Program |
| <input type="checkbox"/> Greeters | <input type="checkbox"/> Set up Tables |
| <input type="checkbox"/> Greeting Cards | <input type="checkbox"/> Servers |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Happy Birthday Caller | <input type="checkbox"/> Technology Help |
| <input type="checkbox"/> Home Delivered Meals Baker | <input type="checkbox"/> Volunteer in Duxbury Schools |
| <input type="checkbox"/> Home Delivered Meals Driver | <input type="checkbox"/> Volunteer Pool |
| <input type="checkbox"/> Home Delivered Meals Packer | <input type="checkbox"/> Walking Club |
| <input type="checkbox"/> Intergenerational Activities | <input type="checkbox"/> White Elephant Sale Help |
| <input type="checkbox"/> Kitchen Help | <input type="checkbox"/> _____ |

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:

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 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

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Email Address</i>
<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Gender</i>	<i>Phone No.</i>
XXX-____-_____ <i>Last 6 digits of Social Security Number</i>	*ID Theft Index PIN <i>(if applicable)</i>	<i>Father's Full Name</i>	
<i>Mother's Full Name</i>	<i>Mother's Maiden Name</i>		

Current Address and Years at this residence

Former Address

<i>Driver's License Number and Issuing State</i>	<i>Height</i>	<i>Weight</i>	<i>Eye Color</i>
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By signing below, I provide my consent to a CORI check and acknowledge that the information I provided is true and accurate.

<i>Signature</i>	<i>Date</i>
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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.*