



# Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Street Town State Zip Code

Telephone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

I am interested in the following volunteer position(s):

- \_\_\_\_\_ Nursing Home Ombudsman
- \_\_\_\_\_ SHINE Counselor
- \_\_\_\_\_ Office Assistant
- \_\_\_\_\_ Meal Site Assistant
- \_\_\_\_\_ Meals Driver
- \_\_\_\_\_ AAA Advisory Council

Please list previous work history:

Company	Job Title	Date Started	Date Left	Reason for leaving
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Please describe any volunteer experience:

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How did you hear about HESSCO's volunteer opportunities?

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Please list any special skills, talents, or hobbies you may have:

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Days available: Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_

Please list two references that we may contact (Non-family members):

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date Application Completed: \_\_\_\_\_

Date Started: \_\_\_\_\_

Assignment: \_\_\_\_\_

\_\_\_\_\_ Nutrition    \_\_\_\_\_ CORI    \_\_\_\_\_ Site    \_\_\_\_\_ Volgistics



### HESSCO's Service Agreement

In assuming the role of volunteer with HESSCO, I agree to adhere to procedures designed to protect my rights as a volunteer and those of the clients for whom I will provide services. I understand that by signing this document, I agree to the following:

I agree to work under the supervision of the program coordinator and other agency staff to carry out my assigned duty.

I agree to attend scheduled orientation/training sessions and in-service meetings.

I will treat with strict confidentiality any information concerning a client with whom I am working. I will only discuss client issues as needed with the appropriate program staff.

I understand that I may not transport clients in my car.

I agree that I will not enter into any activity with my client for commercial purpose or affect. These activities include the following:

- \* advertising, promoting or selling a product, goods or services
- \* engaging in any illegal or fraudulent activities
- \* proselytizing, for religious, union or political purposes.
- \* using knowledge of a client's financial situation for my own benefit or financial gain or that of my employer, associates, family, friends or acquaintances.

I will never require the payment of any money or property in exchange for providing services.

I will never accept loans or gifts of money or property from a client, except non-cash personal gifts, the value of which shall not exceed \$25.00 in any calendar year.

I will make no loans or gifts of money or property to a client, except non-cash personal gifts, the value of which shall not exceed \$100.00 in any calendar year.

I will refrain from giving a client specific recommendations on matters of health care or real property.

I will contact my supervisor with any concerns I have about my client.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_



HESSCO  
CH444  
EOEA

CHAPTER 6, 172C CORI REQUEST FORM

HEALTH AND SOCIAL SERVICES CONSORTIUM, INC. (HESSCO) is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, 172c that 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.

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APPLICANT / EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
Maiden Name or Alias (If Applicable)

\_\_\_\_\_  
Place of Birth

Date of Birth: \_\_\_\_\_ Social Security #: XXX- \_\_\_\_ - \_\_\_\_\_  
(please submit the last 6 digits of SS#) Mother's Maiden Name

Current Address \_\_\_\_\_

Former Address \_\_\_\_\_

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Sex: \_\_\_\_\_ Height: \_\_\_\_ ft \_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

State Driver's License Number \_\_\_\_\_

\*\*\* The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

Requested by: \_\_\_\_\_

Signature of CORI Authorized Employee

**Please Note:**

**As required by the Commonwealth of Massachusetts, we MUST have a copy of a new volunteer's license attached to the completed application packet before we can process his/her application.**

**If you do not have a license**, we MUST verify the applicant's information with another form of government-issued photo identification such as a passport, state identification or any other photo identification that has been issued by a government entity. If this is the case, we must have a copy attached to the completed volunteer packet before we can process your application.

**If you do not have a photo identification**, we MUST verify the applicant's information with a government-issued non-photographic identification such as a birth certificate or Social Security card. If this is the case, we must have a copy attached to the application packet before we can process your application.