



City of Marlborough

Council on Aging and Senior Center

40 New Street
Marlborough, MA 01752
Tele (508) 485-6492 Fax (508) 460-3726

Volunteer Application

Date: _____

Name: _____

Address: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Male ___ Female ___ Do you Drive?: Yes ___ No ___

Availability (circle days): Monday Tuesday Wednesday Thursday Friday

Time available: _____

Current Volunteer Position

Interested in Volunteering for this Position

Administrative Data	_____
Arts/Craft Instructor	_____
Book Club	_____
Board Member	_____
Education Program Instructor	_____
FISH	_____
Friendly Visitor	_____
Games/Activities	_____
Greeter	_____
Health Fair	_____
Library	_____
Member of Friends	_____
Newsletter Committee	_____
Party Set-up	_____
Photography	_____
Recycling	_____
Volunteer Receptionist	_____
Zealous	_____
Miscellaneous	_____

Describe your work experience:

Describe your volunteer experience:

What interests/activities/hobbies would you like to share with a senior?

Do you speak a foreign language? Which language?

Are there any limitations, restrictions, or special needs that might impact your role as a volunteer? _____

Is there anything else you would like to tell us about yourself?

Please list two references (employer, co-worker, friend):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____



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CORI POLICY

The Marlborough Council on Aging and Senior Center requires that before any individual is hired or recruited as a volunteer for the purposes of working with senior citizens or their confidential information, a request will be sent to the Criminal History Systems Board (CHSB) for a copy of the individual's CORI (Criminal Offender Record Information) report. These report checks are part of a general background check.

Applicants will be requested to complete a Marlborough Council on Aging and Senior Center CORI Request Form. They will also be asked to show a government-issued photo ID, such as a driver's license, passport, or Massachusetts Registry of Motor Vehicles issued ID card.

These practices and procedures will be followed:

- CORI Check Policy:** CORI checks will only be conducted as authorized by the CHSB. Applicants will be notified that a CORI check will be conducted, and will be provided with a copy of the Marlborough Council on Aging and Senior Center's CORI Policy if the applicant so requests.
- Who will review the results of the CORI check?** Only those staff members who are authorized by CHSB will be eligible to review the contents of the CORI reports. The contents will be held confidential. The contents will be used only to make decisions about whether or not to accept the applicant. Staff members who review CORI reports will be thoroughly familiar with CHSB standards for review of a criminal record. They will have signed an *Individual Agreement of Non-Disclosure* form.
- If there is a finding reported on the CORI check, does that mean automatic disqualification?** No, unless otherwise provided by law. A criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on CORI check will be made consistent with this policy and any applicable law or regulations.
- What if the Senior Center thinks the applicant should be disqualified?** The Marlborough Council on Aging and Senior Center has the authority to make an adverse decision based on the results of the CORI check.



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Chapter 6 & 172C CORI REQUEST FORM

MBCO
CH444
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Marlborough Council on Aging 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 available CORI from the Criminal History System Board prior to employing such individual, accepting such individual as a volunteer or referring such individual to volunteer.

APPLICANT VOLUNTEER SIGNATURE

(Unless otherwise preempted by law)

VOLUNTEER INFORMATION (Please Print)

Last Name

First Name

Middle Name

MAIDEN NAME OR ALIAS (If Applicable)
RIP

PLACE OF

TH

DATE OF BIRTH

SOCIAL SECURITY NUMBER

MOTHER'S MAIDEN NAME

CURRENT OR FORMER ADDRESS

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



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RECREATIONAL AND VOLUNTEER ACTIVITIES RELEASE FORM

I, the undersigned, _____, do consent to my participation in voluntary or recreation programs of the City of Marlborough.

I also agree to forever release the City of Marlborough, and all their employees, agents, board members, volunteers and any and all individuals and organization assisting or participating in any voluntary or recreation programs of the City of Marlborough ("the Releasees") from any and all claims, right 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 Marlborough 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 Marlborough's Department 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 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 City of Marlborough or recreation programs.

Participant's Signature

Date