



City of Marlborough

Council on Aging and Senior Center

250 Main Street
Marlborough, MA 01752
Tele (508) 485-6492 Fax (508) 460-3726

Volunteer Information Application

Date: _____

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Email: _____

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

Availability (circle days): Monday Tuesday Wednesday Thursday Friday

Time available: _____

Regular COA hours are 8:00am till 4:00 pm. There are occasional night and weekend events with the "Friends."

_____ Medical Escort

_____ Fundraising

_____ Friendly Visitor

_____ Maintenance/Assembly

_____ Cleaning

_____ Shopping for the Senior Center

_____ Party Servers

_____ Folding/Delivering Newsletters

_____ Writing Greeting Cards

_____ Games/Activities Instructors

_____ Greeter

_____ Exercise

_____ Other, Please Give Detail _____

Please give a detailed description of your interests, talents, training, etc.



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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:

1. **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.
2. **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.
3. **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.
4. **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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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.

Participants Signature

Date