



VOLUNTEER APPLICATION

<p>RETURN TO:</p> <p><b>Bridgewater Council on Aging and Cole-Yeaton Senior Center</b> 10 Wally Krueger Way Bridgewater, MA 02324</p>	<p style="text-align: right;">OFFICE USE ONLY</p> <p>Date Received _____</p> <p>Interviewed _____</p> <p>CORI/NSOPW _____</p> <p>Matched/Trained _____</p> <p>Registration Date _____</p> <p>RSVP Signature _____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell/Work) \_\_\_\_\_ (Email)

Date of birth \_\_\_\_\_ Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about this volunteer opportunity? \_\_\_\_\_

Please describe your volunteer experience:

Organization / Date	Responsibilities
_____	_____
_____	_____

Profession /Type of Work Experience \_\_\_\_\_

Current Employer / Address \_\_\_\_\_

Education \_\_\_\_\_

When are you available to volunteer? Weekdays (\_\_\_\_/\_\_\_\_) Weekends \_\_\_\_\_  
 MON [ ] TUES [ ] WED [ ] THURS [ ] FRI [ ] a.m. p.m.

**What volunteer programs are you interested in working with? (Check all that apply)**

**General Assistance**

- Office Support
- Newsletter
- Special events coordination
- Marketing (design work, social media)
- Grant writing
- Data Entry
- Database Maintenance

**Education/Mentor**

- Technology (tablets, laptops, etc.)
- Intergenerational programs / Pen Pal
- Literacy Place (adult language learners)
- Teaching a class

**Wellness**

- Wellness Checks (phone call, email, in-person)
- Wellness Visits (socially distanced)
- Surveying Community Needs
- Josie's Village (3-month friendly companion)

**Outreach**

- Transportation (Meals on Wheels, supply drop-off, medical appointments)
- Friendly Phone Calls
- Minor Home Repairs
- Seasonal work (landscaping)
- Companion (reading aloud, walking buddy)
- Grocery Shopping/prescription pick-up

What form of transportation do you use?

Drive own car \_\_\_\_\_ Rely on others \_\_\_\_\_ Public transportation \_\_\_\_\_

Name of insurance carrier \_\_\_\_\_

Do you have health insurance? Yes \_\_\_ No \_\_\_ Name of insurance carrier \_\_\_\_\_

In case of an emergency, please contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

As an applicant for volunteer employment, I hereby acknowledge that the Bridgewater Council on Aging will review my information and complete a Criminal Offense Record Inquiry (CORI) on me. Applicants are required to provide a valid driver's license or other acceptable photo ID when completing the CORI form.

**The mission of the Bridgewater Council on Aging & Senior Center is to promote the emotional, physical and economic wellbeing of older adults and to encourage their participation in all aspect of community life.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* Please attach a copy of your driver's license for verification**



### **Privacy and Confidentiality Agreement**

As part of your volunteer experience with the Bridgewater Office of Elder Affairs you will have access to private information about people who use our services. Massachusetts General Law and the Council on Aging protect a participant's right to privacy. Honor the confidentiality of your position by being careful to protect and respect all information you see or hear.

You may talk about your job and about the senior center or program in general, however, you need to take care not to divulge private or identifying information about the participants. If you have specific concerns or questions, please speak to one of our staff.

Assurance of confidentiality is vital to the integrity of the experience people have with the Bridgewater Council on Aging and Senior Center. As a volunteer, I understand a participant's right to privacy. I agree to honor this right and keep information about a participant's right confidential.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_