

FUN, FITNESS & FRIENDS

LESLIE HENNESSEY, Director

# Volunteer Application

Name

\_\_\_\_\_

first

middle

last

Address \_\_\_\_\_

street

town/city

Zip

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Please indicate best contact method (s) \_\_\_\_\_

Help us to get to know you. Please give a brief description of your life experiences. Include paid and unpaid work, certifications, special licensure, as well as hobbies, service clubs and other activities. Also please explain any special accommodations you would require at work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the times and days you are available:

	From	To		From	To
Monday	_____	_____	Thursday	_____	_____
Tuesday	_____	_____	Friday	_____	_____
Wednesday	_____	_____			

**Please check the type(s) of volunteer roles you would like to know more about:**

Administrative/ MSC data entry \_\_\_\_\_  
Server/dining room prep \_\_\_\_\_  
Greeter/ MSC Sign-in help \_\_\_\_\_  
Receptionist \_\_\_\_\_ Workshop Leader/ Presenter \_\_\_\_\_

Please indicate your topic of expertise:

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**Computer:** Please describe your computer skills (for example, what software programs do you know, and/or willingness to teach seniors about any specific topic.) Please be aware that the volunteer coordinator communicates with volunteers via email.

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**Other volunteer roles not listed above** *(please explain):*

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**References** (please give one non-family and one work reference):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**The information I have provided is accurate. I understand submitting an application does not guarantee volunteer placement.**

**CORI checks are performed as required by Massachusetts law.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Oath of Confidentiality

As a volunteer with South Hadley Council on Aging, I understand and agree that the following conditions shall apply to my position as a volunteer.

1. Any information recorded, received, overheard or acquired in connection with my duties as a volunteer is considered confidential. Confidential information includes but is not limited to, conversations and other interactions by those doing business with the South Hadley Council on Aging
2. Encountering a confidential participant, employee or other sensitive information is not to be disclosed outside South Hadley Council on Aging.
3. South Hadley Council on Aging's vital or confidential documents are not to be removed from the organization. Passwords are not shared or used outside of the organization.

Information that is private and confidential is protected by state, federal and other regulations.

\_\_\_\_\_ Print  
Name

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