



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 _____ Meal Site Assistant
_____ SHINE Counselor _____ Meals Driver
_____ Office Assistant

Please list previous work history:

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

How did you hear about HESSCO's volunteer opportunities?

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

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 _____

FOR OFFICE USE ONLY

Date Application Completed: _____

Date Started: _____

Assignment: _____



HESSCO Elder Services' - Service Agreement

In assuming the role of volunteer with HESSCO Elder Services, 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

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 any 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.