



Natick Human Services and Council on Aging Volunteer Application Form

The Natick Human Services and Council on Aging volunteer opportunities are designed to assist residents who are elderly, disabled or have other needs.

The application process is designed to establish a profile of you and your interests, which will be used to link and match volunteers with clients. All elements of volunteer profiles will be kept in the strictest confidence.

Today's Date:	
Name:	Birth Date:
Home Address:	City, Zip:
Home Phone:	Cell Phone:
Email:	How long have you lived at this address?

EXPERIENCE

Occupation(former if retired):		
Your Present Business	Business Phone	
Previous Volunteer Experience		
Skills/Interests/Hobbies		
Are you proficient in any other language besides English? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, what language?		
Would you be willing to teach a class in this language? Yes <input type="checkbox"/> No <input type="checkbox"/>		

VOLUNTEER INFORMATION

Why do you want to be a volunteer/client for this program, and how do you see yourself in this role?	
Do you own an automobile or have access to personal transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your: General Health _____ Physical Limitations _____	
Person(s) to notify in case of emergency (name/phone/relationship)	
<i>If under age 18, please list name of parents or guardians and phone number where they can be reached, if needed:</i>	
Mother:	Phone/cell:
Father:	Phone/cell:

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For Office use only: Ref 1: ___ Ref 2: ___
Sent 1: ___ Sent 2: ___

O: ___ T: ___

CORI Sent: ___
CORI Back: ___

ServTracker: ___

Please indicate what type of volunteer assistance is of greatest interest to you? Check all that apply.

<input type="checkbox"/> Transportation	<input type="checkbox"/> Shopping	<input type="checkbox"/> Label Newsletter
<input type="checkbox"/> Chores	<input type="checkbox"/> Repairs	<input type="checkbox"/> Meal delivery
<input type="checkbox"/> Friendly visiting	<input type="checkbox"/> Respite (to help caregivers)	<input type="checkbox"/> Kitchen Help
<input type="checkbox"/> SERVE	<input type="checkbox"/> Fund-raising	<input type="checkbox"/> Office Work
<input type="checkbox"/> Advisory Committee or Board of Directors		
<input type="checkbox"/> Assistance with correspondence, reading, writing letters		
<input type="checkbox"/> Class Leader ___ Foreign Language: specify: _____ ___ Wood Working ___ Crafts		
<input type="checkbox"/> Special Events: _____		
<input type="checkbox"/> Other: _____		

Time Availability: Please circle all that apply.

Morning: M T W Th F	Afternoon: M T W Th F	Evening: M T W Th F
Weekend: Sat Sun		Flexible
What time commitment would you like to give to volunteering?		
<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week	<input type="checkbox"/> More if so, when? _____
<input type="checkbox"/> Once a month	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Flexible

REFERENCES: Please PRINT complete name and address of two (2) people who have known you for several years and would be able to evaluate your qualifications to be a volunteer in your desired position (other than relatives.)

Name:	FULL Address:	Phone

I understand that it will be necessary for Natick Human Services and Council on Aging to investigate my background and to check my character references. I hereby give my consent and authorize the release of this information to Natick Human Services and Council on Aging.

I also acknowledge and agree that I am not obligated, if called, to perform the volunteer services herein applied for, and that the agency is not obligated to assign me a client; and that as part of the agency's screening process, personal information will be elicited from me and that some will be shared with the client or the parent/guardian/family of the client. In the event that I am not accepted by the agency, the agency staff is not required to give me any reason for the rejection, nor share any information they have gathered with me.

All information given in the application or provided as part of the volunteer screening process is confidential and will be held as such to the extent allowed by law.

DATE _____ SIGNED _____

Please present your drivers license to the office ASAP so we may photocopy it



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VOLUNTEER REQUIREMENTS

Must complete orientation and training

Must attend additional trainings as necessary

Two references

Character references from other than family members

If under 18 must have signed letter of consent from parent/guardian

A CORI (Criminal Offender Record Information) will be conducted

Report all volunteer hours monthly on the forms provided

Report any mileage

Maintain confidentiality of any personal information regarding consumers

