

Volunteer Application Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

E-mail: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ - _____ - _____

If under 18, please fill out:

Parent/Guardian Name: _____ Phone: _____ - _____ - _____

Age: _____ Grade: _____ School: _____

Please list any foreign languages you speak: _____

Are you able to sign using ASL? Yes No

Are you allergic to: Animals Yes No Cigarette smoke Yes No

Can you negotiate stairs? Yes No

Employed Full-Time Part-Time Seeking Employment Retired College Student

Current Employer/Educational Institution: _____

Address: _____ Phone: _____ - _____ - _____

How did you hear about Somerville-Cambridge Elder Services? _____

What volunteer program(s) are you interested? (See enclosed Fact Sheet for program description)

- | | |
|--|---|
| <input type="checkbox"/> A Matter of Balance Coach | <input type="checkbox"/> New Friend |
| <input type="checkbox"/> Aging and Spiritual Wellbeing | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Caring Neighbor | <input type="checkbox"/> Nutrition - Community Café Lunch Site |
| <input type="checkbox"/> Escort / Medical Escort | <input type="checkbox"/> Nutrition - Community Café Supper Site |
| <input type="checkbox"/> Long-Term Care Ombudsman | <input type="checkbox"/> Nutrition - Brown Bag |
| <input type="checkbox"/> Medical Advocates | <input type="checkbox"/> SeniorPet Program |
| <input type="checkbox"/> Money Management | |

What days and times are you available? _____

How many hours per month do you have available? _____

Please describe your volunteer experience; include any service or charitable organizations whose activities may relate to this job.

Organization	Date	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Local References

Please list the names and addresses of three references (not related), one of which is a professional contact; for example, teacher, minister, employer, etc. A phone call will be made or a reference letter will be sent from this office, so full addresses are necessary.

1. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home ____-____-____ Work ____-____-____ Cell ____-____-____

E-mail: _____

2. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home ____-____-____ Work ____-____-____ Cell ____-____-____

E-mail: _____

3. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home ____-____-____ Work ____-____-____ Cell ____-____-____

E-mail: _____

Signature: _____ Date: _____

If under 18, parent/guardian signature is necessary.

Money Management Volunteer Information

(To be filled out ONLY if you are applying for Money Management)

Education/Interests

What is the highest level of education you have attained?

- High School College/Other Post High School Education Advanced Degree

Profession/Type of Work Experience: _____

Why would you like to become a Money Management volunteer? _____

What are your interests, hobbies, activities, etc.? _____

Which clients would you prefer to work with? (Check all that apply)

- Male Female Handicapped: Mentally Physically
 Individual in Group Care Individual With Drug or Alcohol Problem Homeless

Geographic Preference: Somerville Cambridge Either

When would you prefer to visit clients? Weekdays AM PM Weekends AM PM

In addition to, or instead of becoming a Money Manager, would you be willing to provide help in one or more areas listed below? If yes, please check:

- Provide temporary help to a volunteer on leave or vacation.
 Assist with Volunteer recruitment in your area.
 Provide general office assistance (Office Aide position).
 Monitor bill payer's work with client accounts (Monitor position).

What form of transportation do you use? (Check all that apply)

- Drive own car Insurance Carrier: _____ Policy#: _____
 Rely on Others
 Use Public Transportation

Have you ever been convicted of a felony or denied bond? No Yes

Are you willing to undergo a Criminal Offender Record Investigation (CORI) and a police background check? Yes No

Volunteers are asked to make a renewable one-year commitment to this job. Barring unexpected events, are you willing and able to commit to the full one-year term of this program? Yes No

Please use this area to include any other information which you think might be relevant to this application: _____

I understand that the references that I have listed will be contacted and that the sponsoring agency will do a records check on qualified applicants. I consent to the release of all relevant information concerning my ability and fitness to work as a Money Management volunteer. I certify that the information given herein is accurate to the best of my knowledge. I understand this information will be held in confidence and not released to another person or agency.

Signature: _____ Date: _____

Long Term Care OMBUDSMAN PROGRAM

Disclosure of Potential Conflict of Interest

(To be filled out ONLY if you are applying for the Ombudsman Program)

1. Have you or any immediate family member ever been employed at a long-term care facility?
 Yes No If yes, please list the facility or facilities and dates employed:

2. Do you or any immediate family member hold any type of financial interest in a long-term care facility? Yes No If yes, please list the facility or facilities and type of financial interest:

3. Do you have any immediate family members who have resided or currently reside in a long-term care facility? Yes No If yes, please list the facility or facilities and dates of residency:

4. Do you or any immediate family members have a controlling interest in a long-term care facility or facilities, e.g., member of Board of Directors, etc.? Yes No If yes, please list the facility or facilities and describe the participation:
