



Massachusetts
VETERANS HOME at HOLYOKE

Application for Volunteer Service

Contact Information

Full Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Email address: _____

Best Phone Number: _____ Mobile Phone or Landline: _____

Experience

Community/Club Affiliations: _____

Previous Volunteer Experience: _____

Present Occupation: _____ Employer: _____

Reason for Volunteering: _____

Special Skills – Abilities – Interests: _____

References

Name: _____

Email: _____ Phone: _____

Name: _____

Email: _____ Phone: _____

Emergency Contact

Name: _____

Phone: _____ Relationship: _____

Applicant Signature

I certify that all statements on this application are true and complete to the best of my knowledge. I grant permission to the Veterans Home at Holyoke (VHH) to investigate references needed to complete the application process, and I release the same from any liability resulting from such investigation. Volunteers who are at least 18 years old acknowledge that they will be subject to and must be cleared by a criminal background check. If selected as a volunteer, I understand that any omission, misrepresentation, or falsification of this record may be considered cause for removal. If selected as a volunteer, I will be required to attend a Volunteer Orientation as well as additional training where necessary. I will be required to sign a Confidentiality Agreement for Volunteers. I agree to observe all VHH regulations and policies. I understand that Volunteers are not covered by Worker's Compensation and that I am responsible for maintaining my own health insurance. I voluntarily offer my services with a clear understanding there will be no monetary compensation and that volunteering does not lead to employment.

Signature: _____ Date: _____

Approval for Minors

To be completed by Parent/Guardian if under 18 years of age: I hereby consent to my son/daughter serving as a volunteer for the Veterans Home at Holyoke and receiving emergency medical treatment if injured while volunteering.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Vaccination Status

All staff and volunteers are required to be up to date for COVID-19 and Influenza vaccinations. However, should you choose to opt-out, you are obligated to complete a declination form. This form will require you to acknowledge your awareness of the associated risks and benefits and formally decline the vaccination(s).

Yes, I am up to date on: ___ the COVID-19 vaccine ___ the Influenza vaccine

No, I will complete a declination form for: ___ the COVID-19 vaccine ___ the Influenza vaccine

Applicant Signature (I attest that the above information is true): _____

Infection Prevention Protocols

We must remain vigilant in our efforts to follow strict infection prevention control protocols to keep veteran residents, staff, and our volunteers safe.

- All staff and volunteers are required to adhere to current personal protection equipment (PPE) requirements. Signs are posted to let you know if/what PPE is required at the time.
- At times you may be required to participate in outbreak testing, outbreak testing occurs when you are exposed to someone with respiratory illness. The tests are provided at no cost to you.
- There are times when we will suspend volunteer activities. We will reach out to you when this occurs.
- If you are not feeling well, or you have been in close contact with someone who has COVID-19 or Influenza, please stay home.
- If you have any questions or concerns about any of the above information, please call the Volunteer Coordinator at 413-552-4781.

Media Release

I (print applicant name): [Click or tap here to enter text.](#) grant to the Veterans Home at Holyoke (VHH) and its agents the right to use me in likeness and my Biographical Information (as defined below) that I provide to VHH now and in the future to endorse and promote in presentations and promotional materials as described below.

I understand that presentations and/or promotional materials can be used in both print and electronic media. This will include, but is not limited to advertisements, videos, news releases, stories, web sites, social media (i.e. Facebook, YouTube, Instagram, Twitter and Flickr), annual reports and any other promotional materials which may be published by VHH at VHH's sole discretion, in written, electronic or other form of expression now and in the future.

Biographical Information may include my name, age, gender, address, work history, work location, job description, job title and my comments, statements or other communications.

I acknowledge that I do not have a right to inspection and approval of such VHH advertising materials in draft or final form before publication.

I understand that these presentations and/or promotional materials will be shown to individuals, businesses and community organizations for the purpose of promoting VHH's mission to provide care with honor and dignity in the best possible health care environment for eligible veterans who reside in the Commonwealth of Massachusetts.

I hereby forever release and discharge VHH from all claims, debts and demands, liabilities or causes of action of every kind, character and nature, whether known or unknown, which I may now have or at any time hereafter have against SHH arising from the use of my likeness and Biographical Information as described above.

I understand that I do not have to sign this consent and that I am free to refuse to permit the use of my likeness and Biographical Information.

This Agreement is entered into under the laws of the Commonwealth of Massachusetts. I hereby consent to such use by signing this consent of my own free will.

Applicant Signature: _____ Date: _____

If applicant is a minor, provide the signature of a parent or legal guardian below, we cannot accept volunteers under the age of 16:

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Confidential Agreement

Due to the scope of patient confidentiality, an agreement between the VETERANS HOME AT HOLYOKE and the VOLUNTEER named below is required. This Agreement demands that all veteran contact, whether verbally communicated or written in the veteran's medical records shall be kept confidential. In no way shall any information learned through conversation or documents be discussed or divulged to any party within or outside the Veterans Home at Holyoke. No copies of any written or documented material of a confidential nature shall be taken off these premises. If any breach of confidentiality is discovered, serious consequences may result, including dismissal from the Veterans Home.

Applicant Signature: _____ Date: _____



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200**
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .
Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date