



The Soldiers' Home IN HOLYOKE *Volunteer Program*



Application for Volunteer Service

CONTACT INFORMATION

Name

Address City State Zip

Email

Mobile Phone Home Phone Work Phone

EXPERIENCE

Community/Club Affiliations

Previous Volunteer Experience

Present Occupation Employer

Reason For Volunteering

Special Skills - Abilities - Interests

EMERGENCY CONTACT

Name

Phone Relationship



REFERENCES

Name

Address

Email

Phone

Name

Address

Email

Phone

SIGNATURE

I certify that all statements on this application are true and complete to the best of my knowledge. I grant permission to the Soldiers' Home in Holyoke (SHH) 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 SHH 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 MINOR APPLICANTS

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 Soldiers' Home in Holyoke and receiving emergency medical treatment if injured while volunteering.

Parent/Guardian Name (Please print)

Signature

Date

COVID-19 VACCINATION STATUS

Vaccinations are required for all volunteers of the Soldiers' Home in Holyoke. Before volunteering at the Home, you must be fully vaccinated, or 14 days past your second Pfizer or Moderna vaccination or only Johnson & Johnson vaccination. Unfortunately, we cannot accept your application at this time if you are not fully vaccinated.

☐ Yes, I am up to date for COVID-19 and Influenza vaccinations

Date of first Pfizer or Moderna injection: _____

Date of second Pfizer or Moderna injection: _____

Date of Johnson & Johnson injection: _____

Date of J & J Booster: _____

Date of 1st Booster: _____

Date of 2nd Booster: _____

State vaccinated in: _____

Signature (I attest that the above information is true)

CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS

Due to the scope of patient confidentiality, an agreement between the SOLDIERS' HOME IN 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 Soldiers' Home in 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 Soldiers' Home.

Volunteer Signature

Date

MEDIA RELEASE FORM

I, _____ grant to the Soldiers' Home in Holyoke (SHH) and its agents the right to use me in likeness and my Biographical Information (as defined below) that I provide to SHH now and in the future to endorse and promote SHH 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 SHH at SHH'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 SHH 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 the SHH'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 SHH from any and 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.

Signature

Date

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

Printed Name

Signature

Date

COVID-19

COVID-19 will be within our community for the foreseeable future. We must remain vigilant in our efforts to follow strict infection control protocols to keep veteran residents, staff and our volunteers safe.

- All staff and volunteers are required to wear a facility-issued surgical mask at all times while at the Soldiers' Home, even if you're vaccinated.
- Certain circumstances require that staff and volunteers also wear eye-protection while in veteran areas. If that is the case, you will be notified.
- If there is COVID in the building all staff, veterans, contractors and volunteers must get tested for COVID-19. These tests are provided at no cost to you.
- There may be times when we will suspend volunteer activity. We will reach out to you if this occurs.
- If you are not feeling well, or if you have been in contact with someone who has COVID-19, please stay home.
- If you have traveled, please let the screener know upon entry to the facility.
- If you have any questions or concerns about any of the above information, please call the Volunteer Coordinator at 413-552-XXXX



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Disabilities and Community Services
Office of Human Resources
600 Washington Street Boston MA 02111

CHARLES D. BAKER
Governor

MARYLOU SUDDERS
Secretary

CORI REQUEST FORM

The Executive Office of Health and Human Services has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/ for the position of Volunteer, I understand that a criminal offender record information (CORI) check will be conducted for conviction and pending criminal case information only and that such information will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Signature: _____

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER ID Theft Index PIN (if applicable)*

Mother's Last Name First Name Maiden Name

Father's Last Name Father's First Name

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

**THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT
ISSUED PHOTOGRAPHIC IDENTIFICATION**
(Attach COPY of PHOTO ID) _____

REVIEWED BY: _____
Signature-SUPERVISOR/MANAGER REVIEWING IDENTIFICATION

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614**

NOTICE TO FINAL CANDIDATES

In the event that a CORI investigation returns a record with a criminal history that is relevant to the duties of the position being sought, the CORI results may be utilized by a qualified mental health professional in order to make a determination regarding whether or not the candidate poses an unacceptable risk of harm to the clients of the agency, in accordance with 101 DMR 15.09.