



Massachusetts VETERANS HOME *at* HOLYOKE

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

REFERENCES

Name

Address

Email

Phone

Name

Address

Email

Phone

EMERGENCY CONTACT

Name

Phone

Relationship

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)

Signature

Date

VACCINATION STATUS

All staff and volunteers are mandated to up to date for COVID-19 and Influenza vaccinations. However, should you choose to opt-out, you are obligated to complete an exemption 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 for:

- ☐ COVID-19
☐ Influenza vaccinations

No, I will complete a exemption form for:

- ☐ COVID-19
☐ Influenza vaccinations

Signature (I attest that the above information is true)

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 adhere to current PPE requirements. Signs are posted to let you know what PPE is required at the time.
- At times you may be required to participate in outbreak testing, outbreak testing occurs when you were exposed to someone with COVID-19. The 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 any questions or concerns about any of the above information, please call the Volunteer Coordinator at 413-552-4781

MEDIA RELEASE

I, _____ 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 the 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 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

CONFIDENTIALITY 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.

Volunteer 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

Do not complete until you are notified that you are the final candidate for a position.

Criminal Records Disclosure Form

Criminal Offender Record Information (C.O.R.I.) and Sex Offender Registry Information (S.O.R.I.)

Have you been convicted of a felony? ☐ Yes ☐ No

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain.*

Have you been convicted of a misdemeanor other than a first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace within the last 3 years? ☐ Yes ☐ No

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain.*

** An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.*

An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H, or section 100K of chapter 276 of the General Laws may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H, or section 100K of chapter 276 of the General Laws may answer "no record" to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications, or convictions.

I certify under the pains and penalty of perjury that all statements made by me on this form are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions, or incomplete answers made by me on my employment application may result in my immediate termination.

Signature of Applicant

Date

**Do not complete until you are notified that
you are the final candidate for a position.**

Criminal Records Notification Form

If employed, I agree to abide by all rules and regulations of the Commonwealth. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Commonwealth to employ me. I acknowledge that the Commonwealth will, if applicable, review the Criminal Offender Record Information (C.O.R.I.), Sex Offender Registry Information (S.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions, or answers made by me on this application can result in my immediate termination.

I hereby acknowledge that I have read in full and understand the above statement.

Signature of Applicant

Date

Printed Name